This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

PROPERTY OF THE
PUBLIC LIBRARY OF THE
CITY OF BOSTON,
DEPOSITED IN THE
BOSTON MEDICAL LIBRARY.

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY IN BOSTON MEDICAL LIBRARY

THE

MEDICAL TIMES.

A JOURNAL

OF

ENGLISH AND FOREIGN MEDICINE

AND

MISCELLANY OF MEDICAL AFFAIRS.

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA

2003

VOLUME THE FIRST.

OCTOBER, 1839, TO MARCH, 1840.

LONDON:

SYDNEY SMITH, 10, WELLINGTON STREET NORTH, STRAND.

M.DCCC.XL.

5491

PREFACE.

It is with a feeling of proud satisfaction that we conclude our First Volume. The work was commenced with a firm determination to unmask Quackery, and by upholding the honour and dignity of Medicine—advance at once the well-being of the Profession, and the great interests of humanity. In this attempt we have struck at the root of the mammoth evils, which, in the shape of monopoly and misgovernment, choke and almost destroy the Profession;—defeating the fulfilment of its brighter destiny, by removing the stimulus to high and noble exertion. This course has not been unattended with difficulties, or unclogged by opposition. Sore and heavy trials have beset us—but integrity of purpose, and unflinching determination, has borne us over all, and we now feel the sufficient consciousness of confirmed success. But this satisfactory result will not prompt the relinquishment or avoidance of any toil or exertion by which it may have been won, but induce rather renewed endeavours to deserve the support which has been thus readily awarded. We shall commence our Second Volume with new energy, and a confirmed resolution to do all which may *deserve* success.

INDEX.

Abuses in Army Medical Department, page 55.
Advice to students, 9, 20.
Albuminous urine, 232.
Ammon, Professor, on opthalmia, 5.
Analysis of blood and urine in diabetes, 147.
Anatomy Act, 13, 35, 60.
Aneurism needle, 135.
Arsenical fumigations, by Davies Gilbert, F.R.S., 138.
Auscultation, 30.

Banks, Mr., and Mr. Wakley, 236.
Beggars' Opera, scenes from, 141, 195.
Benedict, Professor, of Breslau, on the bad effects of leeches in affections of the eye, 5.
Bristol Infirmary, poisoning at, 109.
British Medical Association, 207.
Brodie, Sir Benjamin, and Mr. Lane, 193.
——— on dividing strictures of the urethra, 150, 221, 256; on pains in the loins, 197; on the classification of tumours, 1.
Burns and scalds, 167.

Calculi, a new mode of removing, by J. Hancock, M.D., 155.
Calculus salivary, 97.
Carditis, 267.
Caries of temporal bone, 150.
Cataract cured by seton, 85.
Censor to Dr. Elliotson, 54; to Messrs. Quain, Thomson, &c., 123.
Certificate system in Dublin, 29.
Charing-cross Hospital, 45, 70, 101, 161, 187, 211.
Chemists and Druggists, right to prescribe, 95.
——— their assistants, 121, 146.
Children, diseases of, 18, 229.
Clinical instruction and reports in Paris, 3.
——— at St. Bartholomew's Hospital 63.
Clinical Lectures, by Sir Benjamin Brodie, Bart.—on the classification of tumours, 1; on pains in the loins, 197; on strictures of the urethra, 150, 221, 256.
——— by Mr. Carmichael—on diseases of the joints, 184; on cancerous and malignant diseases, 208, 216, 233, 240, 258.
——— by Bransby Cooper, Esq., F.R.S.—on diseases of the joints, periostitis, 53; strictures of the urethra, 69; lithotomy, 77; venereal diseases, 89; diseases of the breast, 115; fractures, 137; hernia, 172.
Clinical Lectures, by G. G. Guthrie, Esq., F.R.S., pages 39, 53, 61, 68, 101, 124.
——— by Mr. Howship, 170.
College, University, 4; King's, 4; of Physicians, 21, 134, 110.
Comparative anatomy, 102.
Confessions of a Dissecting-room Porter, 135; An Odd Visit, 159; Botanical Excursion, part i., 171; Part ii., 195; Part iii., 207; The Harmonic Meeting, 219, 243; Mr. Okes's first Midwifery Case, 266.
Cooper, Sir Astley, Papers by—fractures of the humerus, 99; dislocation and fracture, *ib.*; fracture through the tubercles, 113; fracture of the shoulder, *ib.*; anatomy of the breast, 245; anatomy of the nipple, areola, &c., 246.
Coroner, critiques on, 113.
Court Medical Staff, 44.
——— Physician, 14.
Creosote, properties of, 5.
Crusade against quackery, 4.
Cullen, life and writings of, 1, 87.

Delirium tremens, curious cases of, 22, 37.
Diseases of children, 229; of the ear, 253.
Dislocation of humerus backwards, 240; of patella, 192.
Duett between Mr. Wakley and Mr. Mayo, 183.
Duration of human life, 180.

English concours, 243.
Effects of ill health, 11.
Elliotson, Dr., and other professors, 87.
Emanation of light from the human body, 173.
Embezzlement of certificates, 29.
Epps, Dr., and Homœopathy, 123.
Etiquette, breach of, 161, 170, 182, 183, 186, 198, 266.

French hospitals and medical schools, 2.
French, Mr., and Medical Reform, 199.
Fœtal heart, pulsations of, 120.
Fœtus, influence of mother upon, 235; in the testicle of a man, 228.

Gonorrhœa, Velpeau on, 187, 222.
Great operator and his operations, 192.
Grinding system—Mr. Lane's letter, 26; Dr. Steggall, 22.
Gulliver on the thymus, mesenteric, and supra-renal glands, 139.
Guthrie on fistula in ano, 101; on injuries of the head, pages 39, 61, 68.
Guy's Hospital Reports, 53, 69, 77, 89, 115, 137, 172.

Heart, rupture of, 75.
Hernia, inguinal, radical cure of, 7.
Homicidal Monomania, 198, 205.
Hospital cases, 6; elections, 158.
——— making, mingling the sick with the dead, 76.
——— Reports—amputation by Mr. Keate, 54; arteries, ossification of, 45; cataract and club-foot, operation for, *ib.*; cure of aneurism, 77; clinique by Mr. Mayo, 21; diseased testicle, operation for, *ib.*; disease of joints, periostitis, 53; dislocation of tibia outwards, 211; erysipelas, 77, 124; fractures, 137; fracture basii cranii, 116; fracture cervical vertebræ, 187; gonorrhœal ophthalmia, 124; injuries of the head, 39, 53, 68; injury of the finger, tetanus, 187; inflammation of the groin, 211; lodgment of foreign body in knee joint, amputation, 247; phlebitis, 161; venereal disease, 89.
——— theatricals, St. George's, 20.
How things medical are managed in France, 169.
Hubbub at the Hall, 79.
Hydrocele, Velpeau on, 90, 100, 128.
Hydrocephalus, treatment of, 108.
Hydrophobia, remedy for, 240.

Iris, complete absence of, 253; physiology of, 120.
Irish Medical Club, 135.

Joints, diseases of, 184.

Key, Mr., and his cogitations, 149.
King's College, 98, 146, 157, 219.
——— workhouse hospital, 102.

Lawrence's Lectures—inflammation, 17, 25, 33, 41, 49; treatment of, 57; fever, its divisions and treatment, 73; suppuration—abscess, its treatment, 81; chronic abscess, hectic fever, 98; mortification, its divisions and treatment, 106; ulceration and granulation, 117; ulcers, 129; incised wounds, 141; union by the second intention—lacerated, punctured, and gun-shot wounds, 153; sympathetic effects of local injuries, 165; burns and scalds, 167; hydrophobia, 177; stings of insects, 179; bites of serpents,

189; dissecting-room wounds, 190; specific diseases—scrofula, 201; gout and rheumatism, 214; gouty affection of the eye, 215; venereal disease, its divisions and treatment, 225; treatment of syphilis, 237; secondary syphilis—syphilis in infants, 249; gonorrhœa, 261.
Leeching, bad effects of in diseases of the eye, 5.
Liston, Mr., on dressing wounds, 158.
London University, 4; regulations of, 15.
Lunatic Asylum system, 186.

Magnetic phenomena, publication on, 6.
Malignant diseases, 208, 216, 233, 240, 258.
Mayo, Mr., and the Spectator, 14.
Medical apprenticeship, 96.
——— assistants, condition of, 133.
——— discoverers and reformers, 1.
——— fees, 147.
——— gossip, 30, 67.
Medical Portraits — Dr. Ashwell, 153; Sir Benjamin Brodie, 33, 41; Professor Carswell, 73; Mr. Colles, 117; Sir Astley Cooper, 165, 177, 201; Mr. Bransby Cooper, 28; Sir Philip Crampton, 189; Dr. Epps, 148; Dr. Hamilton, 93; Dr. Knox, 213, 225; Sir James M'Grigor, 81; Mr. Jonathan Pereira, 49; Mr. J. T. Pettigrew, 249, 261; Mr. Pilcher, 43; Physicians of Leeds, 129; Scene from an unpublished Version of the Beggars' Opera, 141; Staff of the Lancet, 65; Dr. [illegible], 257; Mr. T. Pridgen Teale, 193; Sir Matthew Tierney, 57; Mr. Wakley, M.P., 17; Professor Williams, 25.
Medical Reform, 86, 134, 182, 194, 199, 206, 208, 218, 230, 242, 254.
——— student, Mediculus, 11, 47;
——— pranks of, 75.
——— ———'s Association, 39, 55, 62, 71, 78, 89, 101, 114.
Medico-legal case, 127.
Mesmerism and Dr. Elliotson, 160.
Middlesex Hospital, 37, 133.
Midwifery, cases in, 51; certificates, 231; practice, 253.
Mode of producing delivery, 8.
Monesia, a new medicine, 196.
Mortality in the Mediterranean, 245.
——— Metropolis, 186, 189, 218, 234, 243, 257, 264.

Nassau authorities and English medical practitioners, 7.
Nerves, experiments on, 229.
North of England Medical Association, 208.
Nutrition, physiology of, 144.

Obstetrative Midwifery, 205.
Ophthalmia, 5.
Opium in colds, by J. Hancock, M.D., 220.
——— trade, 162.
Ossification of the arteries; case by H. O., Esq., 6.
Our intentions, 1.
Our prospects and intentions, page 68.
Ovology.

Parodies—The Dresser, 19; The Light of other Days, 141; March to the office, boys, 195; The Medical Student, 220; Oh tell me when, 183.
Payment of medical men, 168.
Phlebitis, 161.
Pilcher, George, sketch of, 43.
Profession, state of in France, 96.
——— wretched state of, 122.
Progress of Medical Reform, 182.
Provincial medical affairs, 37.
Poisoning by common salt, 133.
——— Croton oil, 75.
——— sulphuric acid, 216.
Public health, 230.
——— Opinion and Medical Reform, 170.

Quackery, amusing, 165.
——— crusade against the advertising quacks, 4, 165.
——— Morning Post and a quack, 86.
——— Practitioners vending nostrums, 84.
——— professional, 5, 108, 145.

Regulations, New, of London College, 188; of various Colleges, 15.
Reviews—Advice to Deaf Persons, 38; Banks on Medical Etiquette, 210; Blundell's Midwifery, 63; Burne on Habitual Constipation, 257; Challenge to Phrenologists, 63; Dermott's London Anatomist, 147; Discoveries in the Nervous System, 62; Elliotson's Lectures, 31; Exposition of Quackery, 38; Fallacies of the Faculty, by Dr. Dickson, 136; Flood on the Arteries, 112; Fox on Chlorosis, *ib.*; Franz on the Eye, 79; Functions of Life, 233; Hake on Varicose Capillaries, 31; Hare on Spinal Curvatures, 123; Houston's Manual, 38; Johnson's Review, *ib.*, 147; Little on Club-foot, 102; Meade's Manual for Students, 46; Medical Miscellany, 23; Medical Reference Book, 147; Midwifery Books, 233; Parker on Syphilis, 71; Polytechnic Journal—Mesmerism, 160; Remarkable case of effects of Lightning, 79; Ryan's Midwifery, 38; Skey on Ulcer, 71; Sparks from the Wheel, 38; Spillan's Manual, 79; Steggall's Manual, 63; Stevenson on Deafness, 23; Students Royal Road, 63; Unity of Disease, 38; Ure's Materia Medica, 6; Walker on Graveyards, 102.
Rheumatism, treatment of by opium, 204.
Rugged Rhymes on a weighty Subject, 97.

Sanatorium, secret of the, 60.
Sawneyson's, Dr., certificates, 231.
Scene in Bedford-square, 65.
——— from an unpublished Version of the Beggars' Opera, 195.
Session, the new, 52.
Sigmond, Dr, 6.
Signs of Death from Hanging, 169.
Smith, Mr. Gregory, 6.
Snake-poisons and their Remedies, by J. Hancock, M.D., page 132.
Societies, Meetings of—Hunterian, 234; Liverpool Medical Association, 200; London Medical, 10, 39; Linnæan, 55; Medico-Botanical, 114, 188, 247; Medico-Chirurgical, 61, 101; Royal Academy of Medicine, 7, 31; Royal Institution, 193; Westminster Medical, 36, 45, 55, 61, 70, 78, 88, 101, 114, 125, 162, 176, 199, 211, 223, 235; Zoological, 79.
Song, The Medical Student, 220; Mr. Bink's, 220.
Spontaneous Evolution, case of, 148.
Stethoscope at St. George's, 111.
——— Examination, 145, 162.
Stomach disorders, 156.
Students, column for, 2.
Subjects for Dissection, 12.
Suicide, 70, 78.
——— recent Medical Debates on, 255.
Superstition strangling Science, 146.
Sweating, case of partial, 85.
Sydenham College, 6, 71.
Sympathy between cerebellum and testes, 233.
Syphilis, novel remedies for, 181.

Terror of the Monopolists, 52.
Testicle, diseases of, Velpeau, 152, 174,
Tetanus Infantinous, by J. Hancock, M.D., 84.
Tumour, extirpation of, in the axilla, 7.
Typhus fever, treatment of, 35.

Vaccination—House of Lords, 254, 265.
Vagina, absence of, 7.
Velpeau, Mons., on diseases of the testicle, 152, 174; gonorrhœa, 187, 222; gonorrhœal opthalmia, 125; hydrocele, 90, 100, 128.
Venereal diseases, Bransby Cooper on, 89.
Veterinary examination, 121.

University College, 4, 54.
University of London, 4, 29, 111.
Ununited fractures, 228.
Urine, albuminous, 232.

Wakley, letter from Mr., 87.
——— Mr., and Medical Etiquette, 236.
——— and the Reporters, 220, 253.
——— Astley Cooper and George IV., 34.
——— his Life, 47, 51, 59.
——— on Hospital Abuses, 13.
——— 's Instructions, 13.
——— threatened Inquests, 12.
Walker on Grave-yards, 102.
Westminster Hospital, 27, 77, 101, 116, 124, 151, 187, 211, 235.

Who should study Medicine, 26.
Williams, Dr., introductory Lecture, 10.
Wound of the brachial artery, 85.

Yellow Fever, 13.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 1. Vol. 1. LONDON, SATURDAY, SEPTEMBER 28, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 421, OXFORD STREET.

OUR INTENTIONS.

The great difference between the number of Medical Readers and the amount of circulation of the existing Medical Journals, is a sufficient proof either that the taste of a great class has not been understood, or that it has been left unsupplied. In either case the opportunity is afforded for a New Work to offer itself, and *The Medical Times* comes into the field not, perhaps, so much in the character of an opponent to existing publications, as to supply a place which they have left unoccupied.

The Medical Times, in obedience to the spirit of the age, will be published at the lowest remunerating price; preferring rather to circulate thousands than tens, and depending on the support of the great mass of the community, whose best interests are identical with the advancement of Medicine as a science, and its professors as learned and skilful practitioners. The old prejudice that heavy price could alone secure great respectability,—if not quite destroyed by the fact of Peers and Members of Parliament becoming editors and supporters of penny papers,—will be met by securing to *The Medical Times* as many talented writers as are employed on its high-priced contemporaries; while, from its cheapness, it will enjoy what they can never even hope for,—an immense circulation among all classes,—from the professor in the Universities, to the apprentice in the apothecaries' shop, not excluding the large portion of the community who amuse themselves by the perusal of Medical Works.

In nothing are the public at large more vitally interested than in Medical Reform, and yet every sort of abuse receives more attention than those which affect the health and life of each individual in the community. A full and careful exposition of the real state of the Medical Profession, will tend more than anything else, to place this fact in a strong light. Such exposition shall appear in the pages of *The Medical Times*, together with all the

News of the Profession;

Reports of Valuable Lectures: English, French, and German;

Hospital Cases;

Reviews;

Spirit of the Medical Press;

Sketches of Lecturers;

Analysis of Schools and Hospitals;

and in all cases a hearty determination to unmask and expose

Quackery and Humbug,

in whatever guise, or in whatever quarter it may show itself; however shielded by diplomas, or entrenched behind degrees. With these objects and intentions, the Editor has no fear of obtaining the support which will be to him the best earnest of public approbation, and the best reward he could desire.

Clinical Remarks on the Classification of Tumours. By Sir Benjamin C. Brodie.—Delivered at St. George's Hospital.

I need not describe to you what a tumour is; but there is sometimes a great deal of difficulty in making out whether the constitution be originally affected by the disease, or whether it be secondarily influenced by the presence of a malignant structure. Sometimes, in these cases, if you remove the diseased parts and it does not return either in the neighbouring cuticular textures, the lymphatic glands, or in the cicatrix of the wound, it is very probable that it will break out afresh in some other part of the body. These tumours have been divided by pathalogical anatomists into different species. Some would appear to be cartilaginous and some medullary in their textures, whilst others partake of the mixed structure of scirrhus and fungus hæmatodes. When you meet with these tumours you will sometimes be very much puzzled to discover to what diseased structure they respectively belong, for there are very great varieties of them. From those of which I have spoken, to those which are denominated carcinoma, when affecting the glans penis, or the cauliflower excrescent tumour, which, according to Dr. Clarke, affects the structure of the uterus, there is every possible variety. It is not necessary, for any practical purpose, that these diseases should be classified or arranged in any specific order, for you will find that the constitution which developes scirrhus structures will also develope those of fungus hæmatodes, as well as other varieties of malignant disease. In support of what I have stated, I well remember examining the body of a patient of the late Mr. Rose, who had scirrhus of the breast, fungus hæmatodes of the liver, and the cauliflower excrescence of the uterus. I also remember attending the post-mortem examination of a patient of the late Sir Everard Home, who had different malignant diseases in different parts of the abdomen. He had originally removed a scirrhus tumour from the abdomen, which returned in the cicatrix in six months, having all the genuine characters of fungus hæmatodes. The tumour now occupied a larger space, and had the appearance of a coagulum of buffy blood, and a section of its inner structure proved it to be laminated. This was removed, but in a year afterwards the patient died, worn out with the disease.

There was also a woman in this hospital, who had a tumour of the breast, which in one part partook of the nature of scirrhus, and in another of fungus hæmatodes. In another patient, also, I remember seeing a tumour which, when divided sectionally, displayed a laminated structure. These malignant tumours generally run their course in three or four years, although I have known them to remain for many years. One particular instance, I recollect. A lady had scirrhus tumour of the breast for more than twenty years, and, after all, did not die of it, but from a disease of the lungs, with which she was also afflicted.

MEDICAL DISCOVERERS AND REFORMERS.—NO. I.

LIFE AND WRITINGS OF CULLEN.

Not merely on account of the peculiar services which he rendered to medical science, but as a model of the patient and inquiring philosopher, Dr. Cullen is a character highly deserving of the attentive consideration of the enlightened mind. Great as were his abilities, virtuous and profitable as was the application of these abilities, yet Dr. Cullen was sought to be robbed of his extraordinary merits by jealous and unjust men. His labours and conclusions have been denounced as rash speculations, and he himself has been held up as a theorist whose doctrines were guided more by imagination than they were by experience.

Cullen was a native of Hamilton, a small town on the Clyde, about ten miles above Glasgow. His father was an attorney, and acted as agent to the Duke of Hamilton. Young Cullen was educated at the Glasgow University, and after he had completed his studies, was apprenticed to a general practitioner named Paisley, then residing in Glasgow. In his 26th year, after he had been at various places for the improvement of his knowledge in medicine, he settled in his native town as a practitioner. Here he met, by accident, a young student of Glasgow, named Hunter, who was destined for the church. The young man, pleased with the conversation of Cullen, sought his presence with great ardour. The result may easily be anticipated. Hunter studied medicine under Cullen, and became one of the most brilliant promoters of that science of which the country can boast. It is well known that John Hunter never would have thought of the science of medicine, were it not for the example of his brother, and thus we find, that the introduction into the profession of two of the most famous men that ever adorned it, was merely the consequence of accident.

In 1746, Cullen commenced lecturer on the theory and practice of physic at the University of Glasgow. Lectureships had already been founded at this institution for anatomy and botany, but like those of Oxford and Cambridge, the offices were mere sinecures. The first course of lectures delivered by Cullen, astonished the whole profession, for they were pronounced in the English language, it having been the uniform custom previously that they should be read in Latin. Cullen, however, was born for innovation, and not only did he renounce bad habits in mere formal matters, but also in substantial things; for instead of servilely following in the track of his predecessors, and contenting himself with repetitions of the exploded doctrines of Boerhaave, he traced a course of instruction altogether deduced from his own experience. By great exertions and perseverance, Cullen finally organized a complete medical school in the University of Glasgow.

In 1756, he was appointed professor of chemistry at the University of Edinburgh, and about that period he commenced collecting that vast mass of materials which enabled him to arrange his great system of medical theory and practice. He was the first medical man who introduced the practice of clinical lectures into these countries. Clinical lectures, or

comments on the cases of patients who are placed in public institutions, were first given in Italy. The practice was then adopted successively in the medical schools of Holland, Utrecht, and Leyden. Boerhaave carried it to a great extent in the latter university, which was very much frequented by British students during the time of that illustrious physician. It is to a conviction of the use of clinical lectures, as shown at Leyden, and as acquired by our students, that we owe the speedy adoption of the practice in the British schools. As Cullen was the first, so was he entitled to rank as the best of clinical lecturers. His character in this capacity is thus sketched by Dr. Thomson:

Dr. Cullen possessed in a remarkable degree the qualifications necessary for a clinical teacher. To a minute and extensive knowledge of all the auxiliary branches of medicine, and to the great experience which he had acquired by private practice, he added a peculiar talent for the observation and accurate description of diseases, accompanied with a strong desire, and the ready power of communicating his knowledge in the most interesting manner to his pupils. During the whole of the eighteen years that he was occupied in lecturing on clinical medicine in the Royal Infirmary, he bestowed much time and most uncommon pains on the proper performance of that duty. Of the notes from which he spoke his clinical lectures, those of the first five years and of the eighth year have by some accident been lost; but those of the other twelve years have been preserved. In these notes, constant reference is made to the case-books and the daily reports of his patients, showing how closely he followed, and what use he made of these in his lectures. Besides having the histories of the cases of his clinical patients carefully drawn out by his assistants, and giving himself daily reports of their progress, and of the medicines prescribed (all of which, conformably with the practice of the hospital, were inserted into journals open for the inspection of his students), it appears from his manuscript clinical lectures that he was accustomed to write down, previously to lecturing, full notes of all those particulars respecting each individual case, the symptoms of the disease, its diagnosis, prognosis, and probable causes, and the effects produced upon it by the remedies employed, which appeared to him to require or deserve attention; together with an account of the morbid appearances observed after death in those cases which had a fatal termination; in short, to take notice of every circumstance which could tend in any way to awaken the observation, and to extend the practical knowledge of his students. Even his mistakes and errors in practice, as well as his skill and success, Dr. Cullen never failed to render available to these purposes.

Besides possessing high qualifications as a clinical lecturer, Dr. Cullen had the strongest motives to employ all the powers of his mind in this new field of professional exertion. His lectures on clinical medicine afforded the most favourable opportunity that could be desired of exhibiting publicly in Edinburgh his talents as a teacher of medicine, of evincing his skill and experience as a practical physician, and of establishing by those means a claim to the chair of the practice of physic, when it should become vacant by the resignation or demise of his colleague, Dr. Rutherford.

Endowed with these qualifications, and animated by these motives, Dr. Cullen speedily obtained great reputation as a teacher of clinical medicine, acquired the esteem and admiration of his students, and gained, by his attention and kind manners, the universal confidence of his patients. His lectures were distinguished by that simplicity, ingenuity, and comprehensiveness of view, which marked at all times the philosophical turn of his mind; and, as I have been informed by several eminent medical men who had an opportunity of attending them, and more particularly by one who acted as his clinical clerk in 1765, were delivered with that clearness and copiousness of illustration with which in his lectures he ever instructed and delighted his auditors. It is to be regretted that Dr. Cullen's clinical experience were for many years, in a great measure, confined to his own students; and that, from his other engagements and pursuits, he was prevented from giving the results of this experience in a more direct manner than that in which we now possess it in his works on Nosology, Materia Medica, and the Practice of Physic. Had these results been presented to the public in the form of clinical reports, like those of his contemporary, De Haen, it is impossible that the erroneous assertion so often ignorantly repeated of Dr. Cullen's being merely a speculative teacher of practical medicine, could ever for a moment have been entertained by the foreign medical public. No teacher of practical medicine, as I shall have frequent occasion to show in the course of this narrative, was ever a more pains than Dr. Cullen to distinguish between well ascertained matters of fact and the assumptions and conclusions of hypothetical reasoning. In leading his students to reflect and to reason, it was his constant endeavour to teach them to observe the course of nature in diseases, to discriminate between their uniform and essential symptoms and their merely accidental combinations, and to ascertain, as far as is possible by observation and analytical reasoning, the respective influence of the remedies employed by art, and of the operations of nature in the cure of diseases. (*To be continued.*)

COLUMN FOR STUDENTS.

A portion of the MEDICAL TIMES will be especially and particularly devoted to the great body of Medical Students at all times engaged in the metropolis. Their interests, so long left without protection, shall be carefully watched, and their rights loudly proclaimed. Letters detailing abuses or hardships shall at all times receive every attention, and no labour spared to introduce a system of instruction, best calculated to ensure success in the honourable but arduous career before them.

The French Hospitals and Medical Schools.

ALL the French hospitals are under the controul of the government; the details of their administration being directed by a general council and an administrative commission;—these bodies being subject to the superior jurisdiction of the minister of the interior. As the hospitals of London, endowed as they are with princely revenues, must be regarded as far less valuable and efficient than they might be under more sanitory regulations, it will be worth while to go more at length into the subject of the French Hospital Government as distinguished from the English.

The medical service of the French hospitals consists of head physicians and surgeons, of inferior or assistant physicians and surgeons, of apothecaries, and of *élèves* of medicine, surgery, and pharmacy. The *élèves* are a distinct class from the ordinary medical students, and are divided into *élèves internes* and *externes*. The situation of the latter is much the same as that of dresser in our hospitals, excepting that the duties assigned to them are more extensive and important. The candidate for this situation, must produce testimonials of his good conduct up to the time of his application, and also present certificates proving that he has studied medicine and surgery during at least one year, and also that he has attained the degree of bachelor of the sciences. Having done this, he is admitted to a public competitory examination with the other candidates. The *élèves internes*, or *chirurgiens internes*, are the real and active assistant surgeons, and are analogous to the house surgeons of our hospitals. They are elected at a public *concours* from amongst the *élèves externes*, who are candidates.

MODE OF ELECTING OFFICERS.—The *concours* consist of the whole of the medical faculty who can be brought together in the district. In addition to these, there are the candidates, who, on the occasion of the elections for *élèves internes* amount to between one and two hundred. The examinations are conducted before the public audience, which seldom consists of less than four or five hundred persons. A jury of five medical practitioners are chosen by ballot from amongst the medical body. A number of skilfully framed and comprehensive questions are placed in a vase. One is drawn out by a public officer, and presented to each of the sets of candidates as they pass on in rotation to private rooms, where they are kept from communication with others. Eight minutes are allowed them to frame verbal answers, which they return and make publicly. It frequently happens that the question will hit some point on which the candidate is entirely ignorant, and instead of returning he takes to his heels in terror; in which case it is announced to the *concours* that *Monsieur un tel* has disappeared. Others break down in their first answers. The examinations are greatly narrowed by the number put *hors du combat*. Each candidate is at liberty to question his competitor, and in the contests for the higher offices these cross-examinations often create finished and instructive displays of science and skill. Besides the questions to which verbal answers must be given, another set of a higher nature are put to the candidates, who are required to furnish written answers within two hours, during which time they are enclosed in rooms by themselves, and prevented communicating with others. The answers are sealed, and, at the next meeting of the examiners, are opened and read publicly, after which the jury retires to consult upon their merits. The proceedings are adjourned from day to day, and are often carried on to the extent of a fortnight.

A better plan than this for supplying a constant and powerfully acting motive to exertion, and for securing just decision, has never, that we are aware of, been conceived or executed.

The public examination is invaluable as a security to the candidate against misdecision. from the operation of the judicial vices, partiality, ignorance, indolence, inattention, ill-humour, or caprice. By publicity the jury or the judges are themselves put on their trial, and they cannot commit an outrageous act of injustice without subjecting themselves to infamy, nor can they misdecide from incompetency or any other cause of misdecision, without incurring shame or the loss of character from the profession and the public. The only frequent opportunity for the exercise of undue partiality is in those cases where the merits of the candidates are so close, that the question of superiority will fairly admit of gloss and dispute. Some cases, which were considered of flagrant misdecision, have occurred in Paris since the institution of this mode of trial, and the consequence was in each case, that the exercise of the feeling of the profession and the public in favour of the individual wronged, more than compensated him for the injury he had sustained at the hands of his judges.

The medical student in France knows not who may be his judges, or what may be the questions which he may be called upon to answer, and his only security to enable him to meet them successfully, will be a complete proficiency in a wide range of knowledge. He is at the same time conscious that the presence of the members of his profession, and of a public, whom no relationship, no pecuniary interest can bias, will secure a due estimation to the successful results of his labours. Let the doctor inquire at Paris, and he will find that all the eminent practitioners have at one period or other been distinguished at *concours*. The

physicians of the several hospitals are selected by the administration from amongst those who have been employed in the Bureau Central; and these medical officers of the Bureau are chosen to their situations by *concours*. The surgeons are elected in a similar manner, but after having served at the Bureau, they have in general a second *concours*, at which all doctors in surgery may be candidates. The *chef des travaux anatomiques* and the *internes en pharmacie*, or officer of the *Pharmacie Centrale*, are elected by *concours*. The *pharmacien en chef*, or chief apothecary to an hospital, is always elected in the same manner. On these occasions have been displayed the talents of such men as Davy, Gay-Lussac, Thenard, Brande, and the contests are viewed by all scientific men, young and old, professional and non-professional, with an intensity of interest of which we could give no adequate conception.

During the Villéle administration some attempts were made to take into the hands of the government these appointments from the *concours*. The medical body saw at once that this policy took from merit its just ascendancy, and rendered their preferment dependent on their adroitness in the ways of interest and intrigue. They therefore justly felt the independence of their profession attacked, and this was one great cause of the political ferments which have of late agitated the French medical schools. An annual ceremonial of the opening of the faculty of medicine takes place at Paris. On this occasion one of the ministers of state usually attends, and a discourse is pronounced. At the opening of the faculty in 1821, when the orator Dupuytren but mentioned the word *concours* in his address, an unanimous burst of applause was elicited from the whole medical body, which manifested in a striking manner how highly they appreciated the advantages of this mode of election.

It cannot be denied, that on the subject of such promotions, the French public possess a comparatively superior *morale*, which is highly conducive to the advancement of science. There it is considered not only a gross breach of public faith, and an injury done to the public service, but a criminal act of injustice towards an individual, to prefer any one to a situation of trust, whilst there is another candidate more capable of filling the situation than the person so preferred. The moral feeling which exists against such acts, exists to a proportionate degree against the means, *viz.* the use of personal influence; and the other levers with which the public mind in this country is made familiar. If the election of medical officers were there in the hands of private individuals, and determined by private canvass, the question of the elector to the canvasser would be "What has the candidate done?" "Where is the evidence of his superiority?" Nor would the elector consider that he had done his duty, unless he investigated that evidence. With us the question would be, "By whom is he brought forward and supported?"—and the vote would be given to serve this or that friend; to promote this or the other connexion. The rejection of the candidate could not be more effectually secured, than by the canvassers, in soliciting a vote, using such terms as these: "I ask no personal favour for myself, for my friends, or the candidate whom we support;—all we ask is, that you will investigate the merits of both candidates, and advance the cause of science by voting for the most able." This state of things is exceedingly prejudicial to the advancement of science, since the attention which is demanded of the junior professors to promote their advancement, in the ways of patronage and personal influence, is almost invariably so much lost to the study of the profession itself. Notwithstanding that the wealthy patron, or his connexions, may suffer from the same want of skill under which the poor patient of an hospital perishes, it is notorious, with respect to most of our hospitals in the metropolis, that mediocrity, with influence and connexion, will outstrip the ability which is without them.

The advancement of medical knowledge in France is also greatly promoted by the circumstance, that by wealth alone a professor can add little or nothing to the rank or estimation which his science obtains for him in society. They are not, therefore, tempted to sacrifice the pleasures of scientific cultivation to the mere pursuit of money. Amidst the complaints sometime since heard by the public from some of our medical schools was one, that the system of clinical instruction was a mere show; that the pupils followed the teacher, but received no instruction, as he made himself audible only to the private pupils who attended him. It is generally understood amongst the medical profession, that none but the private pupils of the medical officers of these schools have any chance of obtaining office under them. In France, such a thing as a private pupil to the public officer of a public school is unheard of, and we might say unthought of. The opinion of the profession and the public would consider the premium paid to a public officer, under such circumstances, as a bribe given to obtain an undue share of those advantages for instruction, which were intended to be equally distributed to all the pupils of the school: a bribe to advance the interests of that pupil, by undue influence, against all others, however meritorious. In France, clinical instruction is carefully and skilfully performed, and impartially distributed. Dr. D. Johnston thus describes the course of clinical instruction adopted at Strasbourg; and which, with some modifications, is the same in all the French medical schools:—

Clinical Instruction.—In Strasbourg the clinical patients are lodged in a building situated a small distance from the great hospital, but in the same inclosure. It is divided into apartments, varying in the number of beds, and generally of small size. The visit commences at seven o'clock in the morning, and the patients being distributed among the students, when the physician or surgeon approaches the bed, that student in whose charge the occupant may be comes forward, and on the tabular-card which hangs at the bed-head, writes down the nature and appearance of the symptoms, the change for better or worse since the last visit, the manner in which the night has been passed, the state of the pulse, and other circumstances that may be observed. No medicines are ordered at the moment. After finishing his visit, the professor with his students proceeds to the lecture-room, where all the cards containing the state of the different patients are laid before him. He takes up each of these in turn, and calling upon the student whose name he observes on it, questions him as to his opinion of the patient's state, and the cause of any amelioration or aggravation that may have appeared in the symptoms of the complaint. A discussion in this way takes place between the professor and the student, in which the other students frequently take part, and in their turn question the professor as to his reasons for following any particular course of treatment, and as to the probable effects of the remedies prescribed, and his object in prescribing them. After some conversation, the professor asks the student what medicines or practice he would recommend, and under what form. If he receives a proper answer, he at once writes it down on a column of the table lying before him; should the answer be confused or unsatisfactory, he proceeds to question the student as to his grounds for giving such an opinion, and alters the prescriptions to what they ought to be. As in Paris, Strasbourg possesses medical, surgical, and obstetrical clinics, and they are taught by professors of the faculty, who have the right of choosing from among the inmates of the hospital any cases they may deem interesting subjects of clinical instruction. In Montpelier, the system is on the same footing as in the other medical faculties of France; the clinical courses are, in like manner, given by professors of the faculty, and the fifth examination of candidates for medical degrees is entirely confined to clinical practice.

Amongst other provisions for the general medical education, the following are deserving of especial attention, as further illustrating the advantage of placing these establishments under one general management.

Clinical Reports.—The *élèves* receive regular instruction in anatomy and surgery in their respective hospitals, and have each a certain number of patients under their immediate charge; every circumstance of whose cases they must particularly attend to. The cases they draw out are collected every three months, and from them is constructed the great tabular view of the medical constitution of the year, which is full of so much interest to the physician, the philosopher, and the statistical inquirer. This table states the rate of mortality, and the causes of its increase or diminution; the nature of the prevalent diseases, their *type*, the causes of their exasperation or of their mildness; the character of the remedies employed, the good or bad success attending their administration; finally, the cures performed, and the extent to which they may be modified, shortened or lengthened, by seasons, professions, country, and other causes. Such tables are of the highest interest and utility, and being printed and distributed among the students and the public, they give an impulse to the progress of medicine and surgery, by the light they throw upon the nature and success of the practice adopted in the treatment of disease in the hospitals. A similar account of the various surgical operations performed, and the success attending them is made up in a like manner, and forwarded to the school of medicine, there to serve as a text-book of observation and instruction to the student.

We cannot avoid giving further illustrations of the immense advantages which may be derived from such arrangements. In our metropolis, where no such provision is made, the experience gained in St. Bartholomew's hospital with respect to any class of cases, is lost to St. Thomas's, and to every other, except when it is accidentally recorded and made public. But the central administration in France collects together the results of the experience, not only of the metropolitan schools, but of every school in the kingdom: it possesses the power of directing general and especial attention to any particular disease; of ascertaining the peculiar circumstances connected with it; whether or not it is contagious; whether fatal, or of little danger; what treatment best succeeds; in short, of collecting on any medical subject, within perhaps, one year, more information than could be accumulated during a life-time by any one individual, from his own observation, or from the casual observations of

others. This inestimable power of accumulating knowledge (which would have been contemplated with intense delight by John Hunter), does not appear yet to have been brought into perfect operation, though something has already been done with it in France: it is however well appreciated by the administration. No *élève interne* can receive his monthly salary, until he produces the complete register of the treatment and facts observed in the cases under his cure. At the end of the year, a gold medal and other rewards are given for the best registers, and for the best work on the cases there recorded.

Expense of Education.—This mode of education, too, is accessible to every one; for the expense at which it may be obtained is very trifling. The *élève* is supplied with lodging, and in many cases with food and fuel, besides the receiving a small sum of money; and this advantage in a country where the "courses of lectures are delivered in the faculties gratis," puts it in the power of the very humblest to aspire to situations which are given to talents and industry in preference to interest. Their term of service in the capacity of assistant-surgeons in the capital is six years, and they may be removed from one hospital to another, as deemed proper by the administration. This removal goes on gradually from the less to the more important establishments; and in this way they are enabled to see a great variety of practice under different medical officers, and to judge of the effect this difference has upon the progress of disease. In cases of any severe epidemic afflicting any part of the kingdom, the assistant-physicians of the capital may be ordered thither to observe its progress, and report to the administration its characters and features, and the mode of treatment it may require.

It might be proved as the result of this system, of which we have given but an imperfect outline, that France in medical science is nearly half a century in advance of England. One important concomitant is, that the French public are better informed on medical subjects than the English public. This fact is indicated by the circumstance, that with the former a carriage and dashing equipage, an establishment, and various other externals, the substitutes of the sword and gold-headed cane, are not considered decisive proofs of merit; nor are any class of the practitioners required —, even by the vulgar — to dose them with physic in order to maintain confidence, or ensure an adequate remuneration. A decisive proof of the healthy state of mind of the French public on medical subjects is to be found in the fact, that universal nostrums of the class of the quack, or patent medicines, which in this country are so productive to the revenue, there do not sell! Some particular departments of medical science, such as the treatment of aneurisms, which have here received more attention than on the continent, are here better known; and it must also be stated, as an advantage to our account, that wherever the medical knowledge on both sides happens to be equal, the coolness and steadiness of what, perhaps, we may call the national temperament, will give the English practitioner the advantage.

Striking advantages have arisen to medical science from the central management of the hospitals of France, and unless some extensive improvements be made by the governors of our medical schools, they must consent to remain far behind the French schools in knowledge, skill, and reputation. The latter schools, with that liberality which characterizes a pure devotion to science, admit as pupils the subjects of other nations to an equal competition with the natives of France. It was not long since that one of the most able of the surgeons of this metropolis received prizes from the *concours* at Paris, and won a situation at their principal hospital. In England men of merit succeed in spite of obstacles; in France they prosper in consequence of facilities. The interests of the heads of our medical charities and schools, when fully investigated, would indicate to them the expediency of co-operation for the advancement of medical science, by the voluntary adoption of a similar system of general management.

TO CORRESPONDENTS.

The Proprietors of the Medical Times *wish to secure the services of Reporters who will furnish* faithful *accounts of Medical and Surgical Cases, as they occur at the Westminster, St. George's, the Middlesex and the North London Hospitals. Liberal terms will be given, and all Communications will be regarded as strictly confidential. None need apply who are connected with the* Lancet *or* Medical Gazette.

All letters must be delivered at our office, free of expense. We can publish no communications which do not come from the most authentic channels, or which do not bear uncontrovertible evidence of their correctness.

A series of papers on the Lunatic Asylum System, *is in preparation.*

We may perhaps indulge our readers with a peep nto the palace, accompanied by a few instructions for becoming Court Physician.

THE MEDICAL TIMES.

THE LONDON UNIVERSITY—THE UNIVERSITY COLLEGE—THE KING'S COLLEGE.

There exists at the present moment the most singular misconception among the public, and more especially the medical portion of it, regarding the history, nature, and objects of the three institutions, the names of which head these observations. This ignorance has doubtless in part arisen from confounding the name of one institution with another, a source of error which has been far from discouraged by certain parties whose interests were advanced by the existence of the mistake.

Before inquiring into the causes which have led to this confusion, we will at once set the public right by stating that, in the first place, there is but one University in London which has the power of granting medical degrees—that this University has a Royal Charter—that it first commenced its operations in the beginning of the present year —that it holds its meetings at Somerset-house, in the Strand, and that this is the London University. In the second place, that there is a Joint Stock Company in Gower-street, which never enjoyed a charter, and has not, nor ever had, any power to grant degrees, and that this is the London University College.

In the third place, there is one other Joint Stock Company, located in the Strand, which enjoys precisely the same powers as its fellow-labourer of Gower-street. This institution is called King's College.

It is a curious fact, that, until the present time, London was the only metropolis throughout civilised Europe which could not boast of an University; and we certainly never would have had one had it not been for the spirit of reform which spread throughout the land, and which forced that decrepid and unprotected condition of our medical metropolitan corporations, under the cognizance of the Legislature. The first token of an amelioration in medical education was certainly due to the London University *College*, an institution which was brought before the public as holding the most sanguine prospects to all who were interested in the profession. The circumstance of its being a Joint Stock Company, however, soon led to its acquiring a character painfully different, and of a very opposite complexion from what the public had every reason to anticipate. Discords and dissensions soon appeared throughout all its ramifications and in all its councils—the lowest intrigues were resorted to in the election of its professors and other officers—resignations and re-appointments were constantly succeeding upon each other, until so notorious did this institution become, that it gained for itself a most undignified and indecorous appellation, or rather nick-name, by which it is better known than by the high-sounding but abortive title that distinguished its birth.

Another set of individuals, equally desirous with those of London "University College" of promoting their worldly interest through a similar channel of a Joint Stock Company, soon persuaded the anti-reformers that it was essential to counteract the baneful influence which the Gower-street company was likely to produce, and hence was founded the King's College—a name chosen to seduce the Conservative party to give it their countenance and support. Both of these companies, it was natural to suppose, were anxious to have the power and the profit of granting medical degrees, but so little did they deserve any such distinction, that the Government, after being impressed with the propriety of empowering a body in London to grant degrees, at last determined on creating the London University, properly so called; the working of which it will be our duty frequently to refer to.

CRUSADE AGAINST QUACKERY.—THE ADVERTISING QUACKS.

The height to which the nuisance of Quackery has arrived, renders it absolutely imperative that means should be adopted to mitigate, and, if possible, eradicate the evil. One powerful auxiliary, whose duty and character are alike concerned in the suppression of this fertile source of misery and

vice, is the newspaper and periodical press; and they would doubtless long since have hastened to the good work of its extermination, had they not, in too many instances, sacrificed principle for the profit upon a few paltry advertisements. Quack teeth, quack pills, quack mixtures, quack ointments,—all owe their sale to the medium which should rather have aided their complete annihilation. Not only the metropolis, but all the principal provincial towns, literally swarm with empirics, as vile and dangerous as the poisoners of the middle ages. Hand-bills of the most disgusting character are thrust into the hands of all who venture into the public thoroughfares,—and thus the eye of female delicacy and innocence is insulted, and the mind of youth defiled, by a detail of the filthy pretensions of these public nuisances. The malefactor who expiates the offence of murder by an ignominious death, is less guilty of the crime of homicide, is more deserving of mercy, than the cunning coward who first guiles the suffering sick to trust his specious promises, and repays the confidence by the infliction of disease, progressive misery, and ultimate death. From Morrison, all through the scale of quackery, the Eady's, Jordan's, Sloan's, Holloway's, down to the contemptible creature who gulls the small fry of fools by curing "itch by smelling only,"—all the pests are encouraged and supported by the very men most interested, morally and economically, in their complete destruction. The editors and proprietors of newspapers, and the members of the medical profession, are the supporters of empirics. With a few honourable exceptions, the whole of the newspaper and periodical press of the country receive the BLOOD MONEY of the QUACK, as a bribe for aiding his career of destruction, by advertising his lies, and holding a guilty silence on the consequences of his criminal proceedings. Every newspaper that contains the announcements of Quackery, should be exiled from all respectable homes; not a periodical or other journal of any kind, containing the villainous announcements, should be tolerated in any way or shape. If this feeling was widely manifested, the proprietors of the papers, who now assist in aiding Quackery, would soon find their interest concerned in pursuing an opposite course; and one shock be given to the flourishing structure of empirical deception.

Medical men might in various ways assist in its suppression; in the first place, by insisting, as a learned and important body of the community, upon the immediate adoption of legislative measures for punishing murder by quack nostrums, in the same way as murder by a pistol or a knife; by insisting upon a legal restriction on the sale of medicines by any but qualified persons; by taking, as a body, means for agitating public opinion upon the subject; in fine, by a hearty and vigorous determination to ensure for the public health, and their own professional respectability, the passing of salutary laws, which would have the effect of freeing the British community from one of the greatest pests that ever afflicted society.

For ourselves, we can only at present say, that every legal means shall be taken; that we shall publish the names of the papers and their proprietors who take the lead in this puffing of quackery, and speak to them in plain language on the subject. We shall also say a word or two to chemists and others who have nostrums of their own, or sell those of notorious empirics; and shall speak to those practitioners—some of them possessing high reputations in the profession—who allow the quacks to forge their names with impunity, and attach them to advertisements for deceiving the unwary.

PROFESSIONAL QUACKERY.—DISPENSARIES.

ONCE a quack, always a quack—no degrees can erase the stain—no diploma can wash it out or cloak its existence. The various abuses existing in the medical profession, give a variety of opportunities for a display of this original disposition. It finds its way into hospitals, and is common in dispensaries and infirmaries. Its nature is impudent and unblushing—wishing to obtain the rewards due only to talent, and taking every means, however dishonourable, of effecting its purposes.

We have met instances, more than one or two, of the skill with which quackery and imposition has been exerted in the MANUFACTURE of DISPENSARIES—of house-taking, self-election, self-publication—of heavy subscription lists, and but little given to the poor—of great public laudation for *gratuitous* services, and hearty self-satisfaction for private *pecuniary* gain. We are gathering up our evidences, and woe be to the delinquents. If they are susceptible of biting scorn and public contumely, we will drive them from the society they have cheated and contaminated. LET THEM BEWARE.

OUR STUDENTS NUMBER, which will be published on the 5th of October, will contain the most accurate information for the guidance of students visiting this metropolis for the ensuing medical session. The hospitals, schools, lecturers, the fees, hours of attendance, and vicinity of schools to hospitals, with all particulars calculated to economise the time and money of students will be most fully explained.

Prospectuses of schools for that number must be sent immediately, to ensure full attention being given them.

SPIRIT OF THE MEDICAL PRESS.

From the German Journals.

On the bad effects of Leeching. In affections of the Eye.—BY PROFESSOR BENEDICT, OF BRESLAU.

IN many cases leeching proves highly prejudicial, according to the experience of the author, and of Dr. Von Ammon, the distinguished opthalmologist of Saxony. Inflammation of this organ, so treated, acquires a remarkable degree of obstinacy and malignancy. If they be applied to the conjunctiva or external surface of the eyelids, in the vicinity of the edges, the redness, swelling, and tension rapidly increase, and the contiguous sound parts become, ere long, affected; suppuration of the cornea and blennorrha, if present, are materially aggravated. If, on the contrary, the leeches are placed near the orbital margin, or upon the forehead or temples, the symptoms are somewhat mitigated; but the disease becomes so stubborn as to require as many weeks as it would otherwise days for its cure. The eye re-acts, under such circumstances, quite differently against the remedial means, than if no leeches had been employed; and evinces a remarkable disposition to relapse.

OPHTHALMIA.—Pre-existing ichorous and purulent ulcers of the cornea rapidly spread, and are much less under the control of opium, than where such local depletion had not been practised. In like manner, iritis becomes more intractable, and the effused lymph much less influenced by mercury than would otherwise be the case. Rheumatic ophthalmia occurring in aged persons, is prone, after leeching, to assume the arthritic character; in younger subjects, on the other hand, it either passes into an ill-conditioned strumous form, accompanied with *pannus*, or there ensues erysipelas of the eyelids and conjunctiva of the bulb, or else an ophthalmo-blennorrha. Blennorrhel affections of the eyeball and eyelids uniformly take on, after the use of this means, a worse character. In short, there does not seem to exist a single form of inflammation of the eye, which is not thus essentially aggravated, even when general bloodletting, scarification of the conjunctiva, and puncture of the cornea have preceded the local abstraction of blood. Blennorrha, in persons advanced in years, in general, after leeching, passes into the worst form of *Lippitudo sentilis*. No less pernicious is the practice of applying leeches closely round the eyeball in chronic diseases of that organ associated with congestion; as in congestive amaurosis, or in the stage of arthitic congestion, the forerunner of glaucoma. When, in such cases, the patient does not derive the necessary relief from cupping upon the nape of the neck or between the shoulders, we may try the application of leeches behind the ears, but in no other situation.—*Ammon's Monatsschrift fur Medezin, Angenheilkunde und Chirurgie*, B. i. H. i.

POISONOUS AND THERAPEUTIC PROPERTIES OF KREOSOTE.—According to the interesting researches of M. Coruelianis, Professor of Clinical Medicine in Pavia, kreosote, when administered in a large dose, as from ten to sixteen drops, proves rapidly fatal, without the least trace of organic lesion being appreci-

able after death. Where it did not prove fatal, convulsions or hemiplegia took place. Olive oil, almond oil, castor oil, and diffusible stimulants seemed somewhat efficacious as antidotes. Vinegar augments the deleterious action of the drug. Externally applied, kreosote has been found beneficial in simple ulcers, psoriasis, and other forms of skin disease. It has been exhibited with advantage in polydipsia, chronic pulmonary catarrh, and diarrhea. —*Froriep's Notizen*, Bd. iv.

NOTICES OF NEW BOOKS.

A Practical Compendium of the Materia Medica, adapted to the Treatment of the Diseases of Infancy and Childhood. By A. Ure, M.D., M.R.C.S. 2nd edition, pp. 300. Sherwood & Co., London, 1839.

The new edition of this valuable little volume has received considerable additions at the hands of the author, amongst which we would enumerate an excellent chapter upon Diet and Regimen, points which are too frequently overlooked in the treatment of infantile diseases. In this chapter we are presented not alone with an exposition of the kinds of food most appropriate to the different stages of early development, but also of those which, though frequently administered, are fraught with the most pernicious consequences.

A NEW PUBLICATION UPON MAGNETIC PHENOMENA.

Is magnetism true? Is it false? Is it a part of universal truth, and as such is it deserving of respect? It is the contrivance of man, and must it be rejected and despised? These are the only questions to be decided, and this decision can be yielded but by long observation and an attentive study of phenomena.

The decisions of learned bodies upon magnetism prove nothing, for they are founded only upon a small number of facts, which may be true or false, without the cause of magnetism being either lost or won. Moreover, those decisions annul each other; one issued by the Academy of Sciences, in 1784, condemns magnetism as an error and a dangerous falsehood; the other of the Academy of Medicine, in 1826, extols it as a useful truth. Towards the end of 1838, a commission of the Royal Academy of Medicine declared that there was no reason to institute an inquiry on the occasion of the magnetic phenomena presented by Mdlle. Pigeaire. Some months later, Doctor Frappart (the author of "Lettres sur le Magnétisme") studied the phenomena exhibited by the same person, and firmly declares that Mdlle. Pigeaire *reads under circumstances under which all persons not magnetised are deprived of the sense of sight.* Dr. Frappart did more; he assembled members of the learned body which had withheld the inquiry, and MM. Orfila, Gueneau de Mussy, Odelon, Bousquet, Reveillé Punisse, and Ribes, after a personal examination, bear witness *that Mdlle. Pigeaire read through a layer of cotton placed over her eyes* and a bandage composed of *three pieces of black velvet put one over the other, which extended from one temple to the other and from the middle of the forehead to the aperture of the nostrils, as well as to that part of the cheeks on a level with them.* This is positive, and more positive than anything that has yet been said or written about magnetism. The whole of Dr. Frappart's pamphlet is characterised by the same precision. His letters upon magnetism are a drama in which our first scientific men, such as MM. Arago, Broussais, and Bouillaud, are brought upon the stage, and obliged to avow themselves convinced or be silent. One of them, Professor Broussais, after following the magnetic experiments made by Dr. Frappart, hesitated not, in 1837, to entrust his deeply impaired health to magnetism and homœopathy.

All this is not, in our opinion, a sufficient sanction for magnetism; the question whether it be an error or a truth cannot be so easily decided. What we would infer from the preceding consideration is, that this question is not one of those which should be set aside and despised. The facts so singularly observed in natural somnambulists, added to well ascertained magnetic phenomena, such as those of Mdlle. Pigeaire, are entitled to serious examination.

The case of the young gentleman of Montauban, detailed by Dr. Frappart, is a fact as remarkable as any of those recorded of animal magnetism; it presented itself in a family eminent for piety, it was observed and communicated by Mr. Encontre, *Medicinæ Doctor*, and Professor at the Protestant Faculty at Montauban. Drs. Roux and Reynard were witnesses of it, as well as all the principal inhabitants of the town.

The second fact observed by Drs. Gaubert, of Cloye; Ropson, of Courtalain; and Salis, of Vendome; and a dozen other persons, passed at Aron, in Eure et Loir, at the house of M. Meruir. But we cannot follow Dr. Gauber, of Cloye, in his narrative of the sittings he attended. All that we shall add is, that if such facts and such testimony do not constitute a science, they at least suffice to check the contempt of learned bodies, and the jokes of others; they hold out to physiology and medicine the prospect of a new era, and as such deserve attention and examination. As for the means of preventing deceptions in magnetism, Dr. Traffart points out a remedy which appears to us effective. He will have magnetism to be gratuitous, as charity should be.—*Dr. P. Gaubert in a Paris Periodical.*

HOSPITAL CASES.

Case of extensive Ossification of the Arterial System, Gangrene, and Death, communicated by H. O.

Mr. J., a naval officer, aged about 57, who has been in every quarter of the globe, and been frequently exposed to extreme changes, from warm to cold climates, has just returned from the South American station. Says he has always lived a temperate life, and has had good health, with the exception of a paralytic stroke, which affected the left side many years ago, but from which he has now quite recovered. He was attacked a few years ago with inflammation of the ball of the left great toe, for which he can ascribe no cause, but supposed it was a spontaneous attack of rheumatism or gout. The toe and part of the foot are now (April 20th) below the natural temperature of the other parts of the body, and of a cold clay appearance. The pulsation cannot be felt in any part of the extremity, and very feeble in the opposite; the pulse at the wrist is weak and about 87 in a minute; the rasp or sawing sound is heard a little to the left of the nipple of the left breast; the whole of the diseased limb was ordered to be rolled up in wool; caterplasms, and fomentations, to be applied to the foot over spirits of camphor, which was applied on lint.

Ammon. sesquicarb, ʒij
Tinct. cinnam. co. ʒiſs
Aqua camphoræ, ʒs. iij
Capiat coch. iij, 6tis hour.

25. Intermitting pulse very low; the gangrene appears to be spreading; the medicine to be continued, with the exception of decoction of bark instead of camphor mixture. Four ounces of the yellow resin ointment to be mixed with two of spirits of turpentine, and to be applied to the foot in lint. Ordered wine and brandy.

27. Was delirious last night, talking nearly all night in a low muttering manner; pulse not to be felt; the heart's action also diminished; limb much the same; died at half-past six P.M. Necrotomic appearances eighteen hours after death. Body corpulent. On opening the chest, the margins of the lungs, where they overlay the pericordium, free and healthy; but, on introducing the hand between the plura costalis and pulmonalis, on both sides, it was obstructed by bands of adhesion, which attached the two surfaces so intimately as to require considerable force to break them down. The substance of the lungs, as ascertained by incision, appeared in their normal state. On opening the pericardium serum escaped in a preternatural quantity, and there was found on the inner surface of the fibrous and cardial portions a lymphatic deposit of a shaggy structure in some parts connecting the sides of this membrane; otherwise, the heart seemed healthy, with the exception of an ossific deposit in the aortal valves. The aorta itself was dilated; the abdominal viscera healthy. On continuing an incision in the direction of the femoral artery, and dissecting back the skin and adjacent parts, this vessel was found to be highly ossified, the deposit commencing a little below Poupart's ligament, and being continued not only into the anterior and posterior tibial and peroneal arteries, but even into the muscular twigs, and especially the articular arteries of the knee and ankle joints. The extended branches of the sural vessels were hard and rigid, resisting in many parts pressure between the fingers and thumb. The extent of ossific deposit increased in proportion to the distance from the centre of circulation; so much so, that the anterior tibial could be felt as an injected vessel on the dorsum of the foot. The vessels were filled as high as the middle of the leg with a thick coagulum of fibrin and blood. The point where the mortified integuments seemed to cease was about the middle of the metatarsal bones. No matter could be traced burrowing under the extensor tendons about the ankle joint. In the femoral and tibial vessels of the right extremity were found several points of ossific matter, but none of any extent.

Mr. Gregory Smith, Dr. Sigmond, and Sydenham College.—A letter appeared in a cotemporary last week from Dr. Sigmond, the professor of materia medica! practice of physic!! botany !!! and medical jurisprudence!!!! at the theatre of anatomy, stating that his name was surreptitiously put forward by Mr. Gregory Smith to deliver "an introductory address at the school in Little Windmill-street." The doctor says that for the future he will lecture "alone" on the principles and practice of medicine. We have no doubt of this, judging by the number of pupils who have attended the worthy doctor's lectures for the last nineteen years.

Apothecaries' Hall.—Names of gentlemen to whom the Court of Examiners granted certificates of qualification on Thursday: Henry James Paine, Canterbury; George Wilkinson, Sunderland; Harry Adkins, Warwick; Thomas Lyle, Plymouth; James Hall, Preston; John Bluett; George Whitehead, Sheffield; William Carter Hoffmeinster, Portsmouth; John Birks, Brampton-en-le-Morthern, Yorkshire; Alfred Jones, Havre-de-Grace.

NASSAU AUTHORITIES AND ENGLISH MEDICAL PRACTITIONERS.

A correspondent at Wiesbaden writes:—"The all-engrossing subject of conversation here is an attempt on the part of the local authorities of Wiesbaden to deprive the English practitioners of the hitherto unassailed privilege of prescribing for their invalid countrymen—a measure calculated in no small degree to hurt the reputation of the baths, which owe so much to English visitors, as well as a convincing proof of the short-sighted policy of the authorities. Two medical men have been in the habit of giving advice to their countrymen at the baths for the last two or three seasons —Dr. Downie, the physician of her Royal Highness the Landgravine of Hesse Homburg, who is resident at Frankfort, and Mr. Edwin Lee, author of the "Mineral Waters of the Continent." These gentlemen have met with no molestation in the discharge of their professional duties till this season. The native physicians, however, and one in particular, finding that, notwithstanding the increasing number of English resorting to the baths, the number of his patients did not increase so rapidly as he expected, was pleased in the true spirit of brotherly love, to represent to the municipal authorities, so early as the month of April, that it was more than probable that the physician of the British mission at Frankfort would, as formerly, visit his friends and patients at the baths during the ensuing season, and that, notwithstanding a high personage having declared at his own table that he would not entrust the life of his favourite poodle dog to his *conseiller de medecine*, still he thought himself perfectly competent to exert his skill in internal and external drenching upon objects of so little value in his eyes as her Britannic Majesty's subjects, and thus save his *confrère* the fatigue consequent upon his frequent drives from Frankfort. The learned Sangrado of Nassau founds his right of complaint upon an ancient law at one time enforced in the duchy, to the effect that no foreigner should be permitted to exercise the art of medicine within the bounds of the principality, a law which, if it ever existed, has long since fallen into disuse, since the Duchess of Nassau has always had the attendance of an accoucheur from Heidelberg. Upon Dr. ——'s representation, the police issued an order to the apothecaries, forbidding them to make up the prescriptions of Dr. Downie and Mr. Lee, thus at once depriving them of the power of affording any efficient assistance to their invalid friends. Finding, however, that they were influenced more by the cause of humanity than the vaunting threats of official underlings, and that the medicine-chests of their friends, which were kindly placed at their disposal, contained drugs of a better quality than German electuaries, or Dr. ——'s *powerless liniments*, they continued their visits as usual. To-day, however, they have been again summoned before the head of the police, who obligingly informed them that *they must quit the town in forty-eight hours*. Thus, then, in the nineteenth century the authorities of Nassau attempt to force upon English subjects a physician who knows no language but his own, and who is held in such merited contempt by his fellow-citizens that the poorest inhabitant of the town would prefer suffering a lingering illness to being sent to an hospital, which possesses the advantage of numbering the *medizinal rath* among its medical visitors. The next oppressive measure which I shall have the honour to communicate will, in all probability, be an Edict prohibiting the English from attending divine service according to the rites of their Church."

MEETINGS OF SOCIETIES.

ROYAL ACADEMY OF MEDICINE OF PARIS.

ABSENCE OF THE VAGINA.

M. Capuron related a case of congenital absence of the vagina operated on by M. Manoury, Surgeon-in-Chief to the Hotel Dieu, Chartres. The patient enjoyed good health till seventeen, at which age the premonitory signs of menstruation appeared, but were not followed by any discharge, a state of things which recurred in the successive months. After the expiration of twelve months, M. Manoury was consulted—he found the vagina completely absent, its place being occupied by cellular tissue; the finger in the rectum readily felt a catheter in the bladder. There was considerable tumefaction of the hypogastrium. M. Manoury introduced a trocar (guided by the finger in the rectum), in the direction naturally occupied by the vagina, to the depth of three inches and a half, and gave issue to a small quantity of stringy viscid inodorous fluid, which was soon replaced by a large amount of thick fœtid discharge. A gum-elastic sound was placed in the new passage, and being gradually augmented in size, after a month, the finger could be introduced, when the neck of the uterus was distinguished in the centre of a small cavity lined with mucus membrane (the rudiment of the vagina.) The patient's health, however, continued to deteriorate—she became emaciated—fever set in, and she died about ten months after the operation. No post-mortem examination was allowed. M. Capuron observed, that though an operation was proper, where there was simple imperforation of the vagina, it was far otherwise in absence of the organ. In such cases (as already remarked by Morgagni), it is better not to interfere, as the operation almost certainly compromises life, and that with rapidity. —M. Moreau defended Manoury's practice, utterly rejecting M. Capuron's opinion, as in opposition to recorded facts, which showed that the worst cases of the kind, even where the vagina was *completely* obliterated, were not necessarily incurable. It was true that De Haen had the misfortune to perforate the bladder; and that Dubois and Dupuytren had failed in the operation: but on the other hand, MM. Willaume (of Metz), and Amussat had succeeded. The operation, indeed, should be done methodically, in the way proposed by M. Moreau twenty years since, and adopted by M. Amussat, viz., by cautiously dissecting the parts, and tearing, with the handle of the scalpel, the cellular tissue replacing the vagina. If but one case in a thousand succeeded, M. Moreau maintained that the operation should be performed, inasmuch as the patients, afflicted with the infirmity in question, must inevitably die if left to themselves. M. Velpeau distinguished three kinds of obliterated vagina:—1. Complete absence usually not recognized until the period of menstruation occurred. 2. Obliteration occurring after puberty, as a consequence of inflammation, injury, &c. 3. Occlusion in the pregnant female, whose delivery is thus obstructed. Obviously in the female under the age of puberty, or past the age of child-birth, the operation is not indicated. But take a case of retained catamenia, or of pregnancy, here the operation is urgently called for, the life of the woman being in peril. imminently so in pregnancy, and also, indeed, in retained catamenia, when the accumulation forms a large tumour in the abdomen. Besides, there are seven or eight authentic cases of recovery on record. M. Moreau has cited two; Flammont published a third; Roux a fourth; and M. Velpeau himself had recorded others in his work. M. Capuron observed that he had anticipated M. Velpeau's observation. He would operate in a case of simple occlusion, but not where the vagina was replaced by a hard solid fibre-cellular cylinder. M. Moreau observed that M. Velpeau had insisted on points familiar to every one; but that the only point of difficulty was the case indicated by M. Capuron. In that case, he repeated, the operation was called for, death being inevitable without it. M. Velpeau said that Flammont's case, that of M. Roux and others, were cases of obliteration of the entire vagina by a fibrous cord in which success followed the operation.

PROMOTIONS AND APPOINTMENTS.

Assistant-Surgeon Patrick O' Callagham, from the 27th Foot to the 4th Dragoon Guards; Vice Alexander M'Gregor, who retires on half-pay.

Assistant-Surgeon J. F. Nivison, from the Staff, to be Surgeon to the 29th Foot; Vice Sinclair appointed to the Staff.

Assistant-Surgeon G. B. Fry, M.D., from the Staff to be Assistant-Surgeon to the 27th Foot.

Assistant-Surgeon G. A. Cowper, M.D., from the Staff to be Assistant-Surgeon of the 29th Foot; Vice Hawkey promoted on the Staff.

J. C. Millingen to be Assistant-Surgeon of the 92nd Foot.

Hospital Staff.—To be Surgeons to the Forces: A. Sinclair, M.D, from the 25th Foot; J. Wilson, M.D., from the 92nd Foot; Vice John deceased. To be Assistant-Surgeons: J. F. Morier, E. Adolphus, M.D., J. Wordsworth.

St. James's and St. George's Infirmary.—J. T. Hansard, M.D., has been appointed Physician-Accoucher to this Institution.

EXTIRPATION OF AN ENORMOUS LIPOMATOUS TUMOR, SITUATED IN THE AXILLA.

BY DOCTOR THORMAN.

K. Gastman was delivered of her seventh child, in her 38th year; she suckled the infant for two months, when the left breast sustained an inflammatory attack, shortly after which a tumor appeared in the left axilla, and gradually augmented during thirteen years. When 53 years old she ceased to menstruate, but an herpetic eruption appeared on the tumor, whence there exuded regularly every month a quantity of blood, about equal to that which she had formerly lost while menstruating. 1st Aug. 1838, she consulted Dr. Thorman. The tumor was then one foot nine inches and nine lines in length; one foot five inches and six lines in circumference at its peduncle, and its extreme breadth was three feet four inches. It was pear-shaped, indolent to the touch, and presented some ulcerated spots on its surface, whence exuded a fœtid discharge. The posterior and anterior borders of the axilla were widely separated by the tumor, which grew from the cellular tissue of the axilla. One of the vessels supplying it afforded a manifest pulsation.

The tumor was removed in the usual manner; the only difficulty attending the operation consisting in dissecting out some prolongations that extended between the axillary artery and plexus of nerves. The mass weighed seven pounds, and exhibited a fatty structure.—*Dublin Med. Press.*

Radical Cure of Inguinal Hernia and Varicocele.—In this case an individual affected with the foregoing diseases attempted to use a truss, and found the varicocele daily increasing under its use. Dr. Thorman, in order to cure the two affections simultaneously, laid bare the hernial sac, and sought out and tied the spermatic artery. The wound cicatrised in three weeks, and on examination several months after, the varicose parts were much diminished in size, and of a stony hardness, while the hernia had not descended, though no precaution to that end had been taken.—*Ibid.*

ARTIFICIAL MODE OF PRODUCING DELIVERY.—In the annual reports published by Professor Cimselli of the University of Pavia, there is a case of artificial delivery at the eight month, successfully induced by the introduction of a sponge dilator into the mouth of the uterus. The sponge first employed was about an inch long, and the thickness of a quill. When its increase of size had dilated the orifice to a certain extent, another, a little larger, was substituted for the first, and with the same effect. In the course of forty-eight hours, four sponges were employed, when the the delivery was accomplished by the natural contractions of the uterus, and with safety to mother and child.

KING'S COLLEGE has had 1,000*l.* bestowed upon it by the Rev. J. H. Fish. *Query.*—How much will be devoted to improving the Medical Department.

OBITUARY.—In Berners-street, John Sweatman, M.D. aged 39, Physician Accoucheur to the Middlesex Hospital.

At Clifton, aged 70, Mrs. Mary Read, sister of the late John Read, M.D., of London.

ADVERTISEMENTS.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon Unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, and the Principals of the British Museum; and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A Pair of the Best Convex Pebbles, fitted to the Purchaser's own Frame, 5s.; Concaves, 7s. 6d.

Best Brazilian Pebbles, in Gold Frames	£1	15	0	for Ladies
Do., Double Joints	2	5	0	for Gents.
Do., Standard Silver	0	15	0	for Ladies
Do., Double double Joints	0	16	6	for Gents.
Do., Finest Blue Steel Frame	0	15	0	for Ladies
Do., ditto, Double Joints	0	16	6	for Gents.
Do., Tortoiseshell Frame	0	10	0	for Ladies
Do., Best Black Buffalo Horn	0	7	6	for Ladies
Do., Strong Steel Frame	0	6	6	for Mechs.

The above are all Glazed with the clearest Brazilian Pebbles, composed of pure Crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited, either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying the length of time they have used Spectacles.

Letters are requested to be post paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

BAROMETERS IN A GREAT VARIETY.

Superior 8-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pedimeat Barometer, which may be sent to any part of the Kingdom, without injury, from £2. 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from £3. 10s.	6	0	0

No. 37, BROAD STREET, BLOOMSBURY, in a direct line with HOLBORN.

IT is highly important to the Community, that the Medical and Surgical Professions should be able to examine, microscopically, particles of the human body, its exudations and excretions—such as the Blood, Serum, Saliva, Urine, Mucus, Pus, Perspiration, &c.; also, to see the organization of any delicate membrane. This can be done with facility; and scientific men will be enabled to develop comparative characteristics from these examinations, as to the health and disease, by WEST'S STANHOPE LENS, which magnifies 409⅔ times. It has all the uses of the Microscope, without the trouble of adjusting—will suit every description of sight—is mounted in gold, silver, or metal, like an Eyeglass or Trinket, and can be used in every situation.—Price 5s. 6d. to 20s

☞ OBSERVE.—The name "West, Inventor," is stamped on the Genuine, and can be obtained at 83, Fleet-street, or through any Bookseller in Europe.

West's "Treatise on the Eye," (Price Sixpence) contains Practical Rules, that enable all to judge when to begin, and what sort of SPECTACLES are best calculated to preserve the Eyes to extreme old age.

MEDICAL SHOP FIXTURES, GLASS, &c. &c.

SURGEONS, CHEMISTS, and DRUGGISTS can be supplied with every article necessary for the Entire Fittings of Surgeries or Shops, on the lowest possible terms. Plans and Estimates given for the Entire Fittings of the above, in Town or Country, at A. J. BRUCE'S Warehouse, 24, St. Mary Axe, Leadenhall-street.

Stocks and Fixtures valued.

HOW TO GET A GOOD DRESSING!!!

REFORM the State, with voice elate, let Politicians shout;
Reform the Lords, Reform the Church, Reform the land throughout;
Reform your house, your plans, your purse, your ailments and your ills;
But, oh! above all things, cry we, REFORM YOUR TAILORS' BILLS!!!
Perhaps you say, in sore dismay, "How can the thing be done?"
Whereat we cry, most easily, with DOUDNEY AND SON,
Of Lombard Street, at Forty-Nine, the number 's on the door:—
Established Anno Seventeen Hundred and Eighty-Four.
Your person in a perfect Suit they'll prominently fix,
In such as all who see admire, for Three Pounds Twelve and Six.
Good Work, Good Cloth, Good Quality, and Patterns all the go,
And Morning Coats, the price Fifteen—the charge you'll own is low.
And, oh! YE SPORTSMEN, listen now, while we your pleasures cater,
For Two Pounds Ten, your Suit complete, including Leather Gaiter.
Their trousers, too, of many sorts, for Fishing or for Trav'ling;
The price is small,—Thirteen and Six,—and safe from all unrav'ling.
Their Pilot Jackets, One Pound Ten, in which no man can founder,
And Petersham Great Coats the same,—a very warm wrap rounder.
THE GUINEA CLOAK, a Waterproof, which will withstand all weather,
A proper "Comfort in a Storm,"—and wear as strong as leather.
Or if within your carriage green you're leisurely reclined,
A fine fat Coachman on the box, and Footman tall behind;
The moment their old suit shows rust, on collar, cuff, or knee,
A LIVERY they'll furnish each for only Three Pounds Three.
Then as for BOYS, the wearing dogs, who tear their things to pieces,
They clothe them in good Coats and Frocks, your GIRLS in smart Pelisses.
And should you want them Ready-made,—they say it without roguery,
No House can shew so cheap a Stock of Little Urchins' Toggery.
Moreover, DOUDNEYS were the first who very kindly proffered
Their yearly Contracts for our Clothes,—the cheapest ever offered.
Two Suits a-Year at Eight Pounds Six, and Three for Twelve Pounds Five,
Or Four for Fifteen Pounds Eighteen.—'Tis you the benefit derive.
Three Waistcoats for One Pound they sell; and Trousers, —Cantoons, Drillings,
The Newest Patterns that are out,—Three Pairs for Thirty Shillings,
DOUDNEY AND SON, of Lombard Street, their promises fulfil,
The City Mart 's at Forty-nine—REFORM YOUR TAILOR'S BILL.

IMPORTANT TO THE MEDICAL PROFESSION.—COMFORT WITHOUT RISK.—THE NEW WATERPROOF CODRINGTON FROCKS are a most respectable and gentlemanly Garment, completely impervious to Rain, without offering any obstruction to the free escape of Perspiration. They are already in extensive use, and the great and increasing demand for them, occasioned by the recommendation of those who have long tried them, is the best proof of their efficiency and approval. Every other description of VENTILATING Waterproof Clothing, also made by W. BERDOE, who first introduced this invention to the Public, and is convinced that the Process of the British Waterproofing Company is the best.

W. B. has fitted up a SHOW ROOM for Waterproof Clothing, and keeps a great variety of Waterproof Frocks, Cloaks, Capes, Leggings, &c., made suitable for all climates and purposes.

First-rate Clothing of every description made to order, by WALTER BERDOE, Tailor, 69, Cornhill.

UNIVERSITY COLLEGE.

This day is Published, in 1 very large 8vo. volume, cloth lettered, containing upwards of 1150 closely printed pages, price 1*l.* 2*s.*

THE PRINCIPLES AND PRACTICE OF MEDICINE, founded on extensive experience both in public Hospitals and in private Practice, and as developed in a Course of Lectures at University College, London; by JOHN ELLIOTSON, M.D., Cantab, F.R.S., late Professor of the Principles and Practice of Medicine, Senior Physician to the North London Hospital; with Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

London:—Printed for JOSEPH BUTLER, Medical Bookseller and Publisher, 4, St. Thomas's-street, Southwark.

NICKELSILVER, the best Substitute for the Sterling Silver.—E. MULLAR & Co., from Berlin, beg to announce they can manufacture the NICKELSILVER into any shape or pattern so as to resemble the sterling silver. On hand they have complete tea and coffee sets, trays, waiters, soup tureens, candlesticks, lamps, kettles, and spoons, forks, ladles, &c. Its resemblance to sterling silver, both in colour, feel, and durability, is so great as easily to be deceived by the same. E. M. and Co., re-purchase the Nickelsilver at two-thirds of the price paid for the same. No connexion with any house in Britain, their own in Edinburgh excepted.—255, Regent-circus, Oxford-street, London, and at 44, Princes-street, Edinburgh.

GENTLEMEN'S CLOTHES, AT REDUCED PRICES.

W. WELSFORD, No. 146, Leadenhall Street.

A Fashionable Coat, Fancy Waistcoat, and Trowsers	£4	0	0	to 5	0 0
Handsome Coats, lined with Silk, fashionably made	3	3	0		
Fine Cloth Waterproof Great Coat	3	3	0	to 4	0 0
Double-breasted Swanadown or Valencia Waistcoats	0	10	0		
Fine Double-breasted Swanadown or Valencia Waistcoats	0	12	0	to 0	16 0
Stout Buckskin Trowsers	0	16	6		
Superfine Cassimere Trowsers	0	18	0	to 1	6 0
Fine Cassimere Trowsers	1	4	0	to 1	8 0
Warm Great Coats for Travelling	2	2	0	to 3	0 0
Cloaks of all descriptions	1	5	0	to 3	0 0
Camblet Boat Cloaks, Cape and Sleeves lined	2	0	0	to 2	10 0
Satin Waistcoats, newest patterns	1	0	0	to 1	10 0
Rich Silk Velvet Waistcoats	1	4	0	to 1	10 0
Young Gentlemen's Jackets, Waistcoats, and Trowsers lined	2	5	0	to 2	15 0
Pilot Coat, Velvet Collar, bound & lined	1	4	0	to 2	15 0
A Suit of Livery	3	18	0	to 4	10 0

Three Suits per Year, £12.—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large assortment of Ready-made Clothes.

This Day,

A CHALLENGE to PHRENOLOGISTS; or PHRENOLOGY TESTED by REASON and FACTS, foolscap, cloth, price 5s.

Lately has appeared,

In one volume, post octavo., cloth, price 7s. 6d.,

AN EXPOSITION OF QUACKERY AND IMPOSTURE IN MEDICINE; or a Popular Treatise on Medical Philosophy. By the Author of "The Philosophy of Living."

London: J. S. Hodson, Publisher and Importer of American Literature, No. 113, Fleet-street.

FIFTH EDITION; GREATLY ENLARGED.

This day is published, in 12mo., price 3s., in cloth boards,

ON CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with reference especially to the Restoration of Sight by a peculiarly mild and successful operation, applicable to every variety of the Disease, in its early as well as its late stages, and at any period of life. Illustrated with Cases.

By JOHN STEVENSON, Esq., M.R.C.S.

Surgeon-Oculist and Aurist to his late Majesty; to other Members of the Royal Family, and to the King of the Belgians; Author of several Works, and Lecturer on the Anatomy, Physiology, and Pathology of the Eye and Ear.

"The Publication of Mr. Stevenson's deeply-interesting work on Cataract will constitute a new era in the annals of opthalmic surgery."—Edinburgh Journal of Medical Science.

Also, by the same, just published,

FIFTH EDITION,

Carefully revised, in 12mo, price 3s., in cloth boards,

ON DEAFNESS, its CAUSES, PREVENTION, and CURE; with a Familiar Description of the Structure, Function, and various Diseases of the Ear. Illustrated with Cases.

"Mr. Stevenson's valuable work on Deafness, &c., is entitled to universal perusal, and should have a place in every family library."—Medical Journal.

S. Highley, 32, Fleet-street.

DR. MADDOCK will commence a Course of Lectures upon Diseases of the Chest, at his Residence, 80, Judd-street, Brunswick-square, on Tuesday, October 1. Fee for the Course, Three Guineas. Further particulars to be obtained of Dr. M. before 12 in the morning.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 13, Castle Street, Long Acre, (a few doors from Combe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Neats of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

London:—Printed and Published by VINCENT BROOKS, 421, Oxford Street; and sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 2. Vol. 1. LONDON, SATURDAY, OCTOBER 5, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 421, OXFORD STREET.

MEDICAL PORTRAITS.

PROFESSOR RICHARD QUAIN, UNIVERSITY COLLEGE.

It is our duty to notice this imperious functionary, to trace his tortuous course from the moment he commenced his medical career as a porter or hanger-on of the Aldersgate-street school to the present hour of his small *greatness* as a plotter and intriguer at University College. Were the wrigglings of this petty-minded individual confined to private life, we should scorn meddling with his pains or pleasures, but, as his insidious advice has been productive of public injustice, we deem it our bounden duty to lay bare a few of his *amiable* qualities as a man, a *brother*, and a public professor to one of our Universities. We remember Mr. Richard Quain when he was, as we just stated, a hanger-on, *porter*, or some such officer to the Aldersgate school, under the guidance of Mr. Evans, and his talented brother, Jones Quain, M.D. The preference given to Mr. Evans's great talent over the anatomical ignorance of Mr. Richard Quain laid the seeds of that unnatural feeling of envy, which was destined one day to triumph over his amiable and accomplished relation. Mr. Jones Quain perceived the necessity of furnishing to the republic of science a work on anatomy, assisted by Mr. Evans. He produced those admirable elements in 1828, which entirely superseded all other works on the same subject. But it was effected at a fearful expence—the life of Mr. Evans. Jones Quain suffered so severely from his exertions in dissecting for that book, that he was compelled to retire from lecturing for some time. When he returned to his duties in Aldersgate-street, Mr. Richard Quain became his demonstrator. The fame of Dr. Quain became interwoven with the *name*, and Richard derived honour from the accomplishments of his excellent friend and brother. When Dr. Quain left Aldersgate-street school for the London University, his influence was so great, that he succeeded in obtaining for Richard the post of demonstrator. A few short years passed over, when this wily Richard, with plausibility and the practice of arts, which an upright gentleman would spurn, succeeded in making a party in the college against his benevolent brother. When he discovered he had rendered him uncomfortable as a public lecturer, he commenced a series of petty insults, which at length were observed by Dr. Jones, who, in an evil hour for the interests of science and the University, threw up his professorship, and the gown descended on the unworthy shoulder of the intriguer Richard. Many persons confounded the brothers together, so that when Jones retired, some individuals possessing his elements of anatomy, submitted to the domineering, imperious, and inflated pretensions of the present professor. Thus a brother, who had raised Richard Quain from being a porter in a small school, to the rank of demonstrator at the University of London, was treated with base ingratitude, and driven from a profession of which he was a distinguished ornament. We next find this functionary intriguing against professor Elliotson. Richard Quain hates every human being who exhibits superiority of intellect, and Dr. Elliotson, standing so high in professional reputation, who—notwithstanding the Mesmeric folly—ranks so high as a disinterested supporter of the University, was considered a bar in the way of Richard Quain. Dr. Elliotson's belief in those phenomena in the human subject, called after Mesmer, and his boldness in endeavouring to discover a rational cause for the exhibitions of the Okeys and others, with the extraordinary attendance of the nobility and gentry on those occasions at the North London Hospital, roused the venom of Mr. Richard Quain, Liston, and others, that they determined to get rid of the chief officer and sheet-anchor of the University. We conclude for the present (perhaps, in our next), we will trace the intriguer to his last act, the election of Dr. Williams in the chair of medicine. We wish also to point out the great injustice committed against Dr. Elliotson, and the blow to the interests of the University by his sudden secession. Without being champions of Mesmerism, we are determined to advocate fair play on both sides.

Censor.

ADVICE TO STUDENTS.

We do not recollect a period in the whole history of medical education when greater competition existed amongst the various medical schools in the metropolis than at present. Thirteen prospectuses of the most seducing character have been put forward to attract the attention of the "*fresh and green*" *from the country*, as Roderick Macleod called the students in town for the first time, and by which he brought down the indignation of the Hon. Member for Finsbury. If ever the term was applicable, we think it is not so now.

The schoolmaster has been abroad in medicine as in other sciences, and students are not to be caught by high sounding names, imposing buildings, or shilling ordinaries. The *materiel* is the thing they now look to, and as we know from some years' experience, that it is pretty much the same in all the schools, the great object with the student commencing his profession, should be to ascertain where the lowest sum will be extorted from his pocket. Lecturers can do very little, — the success of the pupil depends EXCLUSIVELY on himself.

We have, accordingly, taken considerable trouble in wading through numerous and tiresome prospectuses, and have endeavoured to condense the facts contained in each from the mass of names, figures, and times of lecturing with which they are encumbered. The various claptraps which many of them contain we have not failed to estimate at their right value, and must warn the unwary not to be hastily influenced by such announcements as "Public Distribution of Prizes;"—(*Five shilling books*). "Convenient Theatre, Ten Minutes Walk from St. George's, Bartholomew's, St. Thomas's, and London;"—(*The student will want seven league boots*). "Botanical Excursions;"—(*Meaning half and half, and bread and cheese, at Battersea, on a broiling day in July*). "Introductory Addresses," by Dr. This and That, (*which is another version of the prospectus affair, with notes and comments, and a loud* flourish of trumpets, *naturally enough, when the learned lecturer's own school is named*). "Gratuitous Lectures,"

("The real value of a thing
Is just as much as it will bring.")

"Dissecting by Gas;"—(*By way of throwing light on the subject*). And variety of other baits, of an equally superficial and worthless character.

The result of our examination, with reference to the amount, is as follows; but we must premise that we have put down the composition fees which some schools advertise as freeing the student to all the requisite lectures, and where no such fee is named, have added up the "perpetual" fees, as they are most ridiculously called, and set down the amount. We have preferred this method of putting our readers in possession of the main point in question—the degrees of cupidity of the various schools which offer themselves to notice—instead of following our first intention, by reprinting the enormous jumble of announcements which have been circulated in every corner of the town where there was the ghost of a pupil. Here is the list:—

	£	s.
London Hospital School	50	0
Guy's	57	17
St. Thomas's	54	12
Grainger's	48	6
St, Bartholomew's	65	2
North London	40	0
University College	67	0
[There are college, matriculation, and other extras here.]		
Sydenham College	42	0
Middlesex	45	0
Little Windmill Street	42	0
Westminster	40	0
St. George's	55	13
Charing Cross	45	5

In addition to the above particulars, we must remind the pupil, that although there is but one university, there are three colleges—Sydenham College, King's College, and University College. We again mention this for the purpose of drawing the students' attention to a peculiar advantage which each of these *national* institutions offer. *College the first* promises

"gratuitous lectures on the connection between physiology, pathology, and the action of remedies and poisons; *college the second* promises a gratuitous "*form of prayer*" every morning, beginning "Shower down thy mercies, O Lord, on the medical professors, demonstrators, and prosectors of the college;" *college the third*, after asking the enormous sum of 67*l.* for lectures, require, "in addition to such payment, a matriculation fee of two guineas."

Beside, the list of school fees, we give (page 15) an order of attendance of lectures, and the regulations with which thepupil must comply.

Again repeating that the pupil's success depends *wholly upon* his *own* industry and *talents*, we liberate his button and his ear, and for a week give no further advice.

LONDON UNIVERSITY COLLEGE.—DR. WILLIAMS' INTRODUCTORY LECTURE.

THE winter session was opened last Tuesday, when an introductory address was delivered in the theatre of the College, by Professor C. J. B. Williams. The number of persons assembled was very great; all the benches were filled, and even the lobby and passages were literaly blocked up by those who were so unfortunate as to have arrived too late for the accommodation of a seat.

Dr. Williams commenced with an exordium on the elevated character of Medical Science. The world, he observed, had long since awarded to it a place above all others; in utility and dignity alike pre-eminent; lofty in its purposes; administering not to wants which are of the moment, or the occurrence of which is but a probability, but to universal mankind, at all times and at all seasons. So noble was this science once considered, that even kings bowed down to its professors as to very deities. From the public of the present day, however, it unfortunately received but little of that homage due to it. Medical practitioners sometimes, indeed, gained favours from the state, but not always on the score of merit. Coolness and neglect were too generally manifested towards them. But there was one distinction with which they never failed to be rewarded, which surpassed all that wealth or titles could bestow, and was more enduring and marked in its effects than any other—namely, the sense, the gratifying sense, that they had done God's service in relieving or alleviating the sorrows and miseries of afflicted humanity. The truth was, that medical men were undervalued (on the same principle as air and water are), because they were common.

The learned professor then took a rapid glance at the history of medicine, and showed that its first and most striking principles depended on the organization of function—nature being, happily, the authority to which the practitioner applied, instead of nicely-spun theories and hasty generalizations sanctioned by eminent names. Medical science was not stationary. A certain amount of knowledge, once acquired, was not all that was necessary, and calculated to serve upon every emergency: on the contrary, it was a fluctuating science, likely to be tossed about by any new discovery which might be made by the chemist, the physiologist, or the pathologist. But, although it was undoubtedly the duty of the practitioner to become acquainted with every such discovery, it did not follow as a necessary consequence that he should be bound to work it out—the influence of judgment, and the state of circumstances, should determine him.

The application of co-relative sciences to the practice of medicine was next dwelt on by the lecturer. The subserviency of anatomy and physiology, not only to surgery, but to medicine itself, was now, he observed, sufficiently admitted; to them, all the efforts of the student should be first directed; for they were the foundation upon which the entire superstructure of medical knowledge rested. It had been said that a man might practice without being skilled in physiology; but it was impossible that he could be so successful as he who had thoroughly informed himself of the structure and functions of the human body. In like manner, chemistry and materia medica, and even physics, were indispensible to enable us to administer the agents by which disorders are treated, in such a manner as shall be most conducive to success; and, lastly, came the study of clinical medicine at the bedside of the patient, forming the *ne plus ultra* of medical attainments.

The lecturer concluded by exhorting the students to neglect no opportunities for instruction, but to proceed with the closest attention and the most untiring diligence, by which alone their efforts would be crowned with success.

[In the course of his lecture, Dr. Williams was frequently greeted with loud cheers, particularly when he mentioned the name of Dr. Elliotson as his illustrious predecessor, which was received with a long and hearty round of applause. It will be seen that it consists principally of the usual staple of introductory lectures. Still, however, from the well-known talent and experience of the professor, we should expect that his course will be found to be considerably above mediocre.]

MEETINGS OF SOCIETIES.

LONDON MEDICAL SOCIETY.

THE first meeting for the ensuing season was held last Monday evening at the Society's rooms in Bolt-court, when, of course, we did not fail to attend, as true caterers to the intellectual wants and pleasures of the profession. Having gone through the usual formalities of presenting our admission ticket, and entering our name on a book kept for that purpose, we ascended rather a narrow flight of stairs, and were ushered into the meeting room, which is small and compact, yet comfortable, and presents to view a well stored library of books. Indeed, the Society's main boast is its possession of what it is pleased to call "the most valuable medical library in Britain;" and well it is, in good sooth, that it *can* boast of this; for it had else long since been dispersed, and "left not a wreck behind," save only the musty records of nonsense uttered by some young aspirant to Æsculapian fame, or the dictatorial jabber of some conceited dotard. There was a most beggarly account of empty benches—just twelve persons in all; and these not the leading members of the profession, not men who, from their learning, their experience, or their eminence, could be considered capable of enlightening their fellow-labourers in the medical vineyard; but merely the smaller fry, the *toadies*, who are ever eager to do any dirty job to gratify an insatiable cupidity, or procure a short-lived and vulgar popularity. Wherein are we, or any living soul, indebted to the Bolt Court Junto, composed of "their deepnesses," the Messrs. Walter Charles Dendy, Charles Severn, J. Lord, W. Headland, and J. F. Clarke? What have we to expect from them? What moiety of any new light on the principles and practice of medicine, calculated to increase the power of the healing art? What tolerance should be shown to *jobbing, intrigue*, and contemptible, because disguised *quackery?* O, *misecordia*, but there is a "treatise on dreams!"—a catch-penny compilation, which, no sooner than it appeared, was universally damned by the public press!! There are "portions of the original dramas of Shakspeare, in the great dramatist's own hand-writing," discovered by the bustling secretary among some heaps of old books in the "parlour next the sky" of the Society's house!—the said portions of the dramas, as it has since appeared, being no other than forgeries, and a base imposition!!—there are, moreover, the *ex-parte* reports in the *Lancet*, of cases at the hospitals, of societies, and so forth, furnished by the indefatigable reporter, who, although a very pigmy in stature as well as in mind, performs the *lion* so successfully, (considering the *whelps*, his associates,) and at the same time so ludicrously, at this "The London Medical Society."

The humbug and quackery which, for the purposes of fraud, are resorted to by certain medical institutions in this metropolis, assuming plausible names, and sinistrously pursuing professed objects, will be exposed by us in due course. Let us, therefore, for the present, turn to the proceedings of the last meeting of the society in question; the chair at which was filled by Mr. Headland—a pompous, stiff-necked, and starched personage, portly in seeming, and, we should think, one of those who, like the bench of bishops, are devotedly inclined to make their bellies their god: we should pronounce him too, from his rubicund nose, to be no ordinary slave to Bacchus. Lamentably far from being endowed with the gift of eloquence, he was just able to mutter a few incoherent words, of which false grammar and bad taste were the characteristics, in order to open the business of the meeting. Mr. Severn, a very courteous and comely individual, who occupies the "dignified" post of secretary, followed by reading the minutes; when an awful interval of silence ensued. For about ten minutes at least, (alas, for the modesty of science!) no one would moot any subject for discussion, no one voice was to be heard. There sat the members, precisely like so many Quakers, awaiting for the spirit that moveth. The gravity of the scene, indeed, was, if we may so speak, truly ludicrous.

At length, Mr. Secretary Severn proposed the subject of gonorrhea, and elaborately detailed his mode of treating that disorder. Of course, nothing new was elicited by him. He insisted, more especially, on the utility of the purgation plan, continued for two or three weeks, until its due effects were decidedly experienced; or, if the inflammation should still manifest itself, he would recommend the exhibition of the usual specifics, and of these, he thought either copaiba or nitrate of silver the most beneficial. He had tried an injection of the latter in gonorrhea with gleet, in the dose of fifteen grains to an ounce; and found it, in two cases out of three, to stop the discharge, and accelerate the healing process.

Mr. Dendy observed that, in his own practice, he had totally rejected the use of sulphate of zinc, and had substituted a concentrated solution of nitrate of silver, with more marked success; not that the former was insufficient, but that, in his opinion, it was better to inflict the pain of the application of the latter, when the benefit thereby provided was so much more permanent. He was desirous, however, of learning the *modus operandi* of this powerful medicine; he had sometimes considered it a stimulant, whilst at other times its action appeared to him to be that of a sedative! [What an attentive observer must this Mr. Dendy be. Is not its action clearly that of a stimulant and an astringent combined? We are, we confess, at a loss to know how any agent can be at the same time a sedative and a stimulant.]

Mr. Lord concurred in what had fallen from Mr. Dendy, as to the propriety of using the nitrate of silver in a concentrated solution: nay, he even went so far as to assert that it should, in every case of gonorrhea and gleet, be forced down the urethra by the lump. This learned gentleman afforded considerable mirth to the members present by the facetiousness of his observations, and by the extreme levity with which he discoursed on so grave a subject. His words were, that "he had passed whole lumps *slap down* the

urethra; had made patients *black as a blackamoor*, and yet saw no danger ensue. Besides, was it not better not to irritate and teaze to no purpose, than to quiet the refractory child by a severe but almost momentary punishment? His maxim was *aut Cæsar aut nullus*. And if it was said, as some had said, that gleet being a trivial disorder, should be left to be cured by itself, he would reply directly in the negative; for bachelors there were, ay, and even persons more holy, some of them his acquaintance, to whom it was impossible to wait three weeks, far less three months, for a spontaneous recovery!"

And this is the entire result of the deliberations of "The London Medical Society!" How much wiser the profession may now become, is a problem not difficult to be solved: assuredly they must feel very grateful to the society!

THE MEDICAL STUDENT.

DESCRIPTION OF HIM THAT IS A FRESHMAN.

He getteth lodgings near the hospital, in case of accidents. He payeth ten shillings a week, including firing, for the same. He buyeth some tea. He dineth for eightpence. He honoureth the hospital. He omnibusseth it "west" to see the Thames tunnel. He purchaseth a London Dissector. He sitteth in the bottom row at lecture. He writeth home once a week. He buyeth some apples. He looketh about him. He goeth to bed at half-past ten. He deemeth himself no small member of his school. He obtaineth a stethoscope. He purchaseth an apron and sleeves. He weareth gloves whilst he dissecteth. He readeth of Drury-lane. He asketh to be shown the structure of the lymphatics. He thinketh the nerves imaginary. He never misseth lecture. He worketh for the anatomical prize. He seweth on buttons. He payeth his lodgings once a week. He imagineth he knoweth Pharmacy. He talketh of his uncle. He beggeth your pardon if you cut him whilst dissecting. He drinketh half a pint of porter. He weareth shoes. He complaineth of smells. He taketh in the "Penny Magazine." He buyeth a cake. He speaketh of the "bruit de soufflet." He weareth worsted stockings. He worketh at his "Latin." He purchaseth a snuff-box. He goeth to church regularly. He imagineth that he is a great favourite with the lecturers. He walketh fast at night. He buyeth a pair of straps. He heareth of John Hunter. He respecteth policemen. He stareth at the shops. He honoureth the "Hall." He buyeth Turner's Chemistry. He disliketh the bones. He discovereth the spleen. He sayeth the glutæus maximus is a fine muscle. He talketh of oxygen. He taketh in the "Lancet." He weareth brown trowsers. He hath a red face. He thinketh Berzelius a Roman. He braggeth that he can draw teeth. He borroweth some anatomical plates. He thinketh Cloquet and Aristotle cotemporaries. He walketh to and fro in the hospital square. He sayeth he can bleed with his left hand. He buyeth a note book. He useth brown sugar. He blusheth to ask what Forensic Medicine meaneth. He buyeth "Steggall's Manual." He wanteth you to tell him the number of spinous processes there are in the body. He speaketh of the "boys" of his hospital. He determineth to be at the head of his profession. He disdaineth "grinding." He loveth to go round the upper wards of the hospital. He turneth pale at operations. He damneth minutiæ. He liketh botany. He dissecteth the leg. He taketh a pill once a week. He sayeth that London is a "sink of sin." He possesseth short hair. He weareth an eyeglass with a silver chain. He hath a brown waistcoat. He thinketh omnibus cads are particularly civil to him in asking him to ride. He sleepeth at night. He cultivateth whiskers. He purchaseth candles, eighteens in the pound. He hath a "shady" hat. He respecteth registering. He commenceth to shave. He sayeth "South on the bones" is a very "clever" book. He giveth a tea party. He apologizeth for the pattern of his tea things. He copieth diagrams. He playeth at draughts. He reverenceth the brain, but deemeth it more than they can get up. He liketh not "specific gravities." He asketh to be shown the sympathetic in the leg. He loveth the midwifery lecture. He pitieth the subjects in the dissecting room. He possesseth cotton handkerchiefs.

THE SAME IN HIS SECOND SEASON.

He changeth his lodgings. He payeth fifteen shillings a week for the same. He disliketh the neighbourhood of the hospital. He purchaseth certain kinds of pictures. He sayeth lectures are a "bore," albeit he attendeth occasionally. He weareth a green coat with brass buttons being cut swell. He oft frequenteth the theatre. He obtaineth a friend to dissect for him. He flareth up in the saloons, albeit he never spendeth much tin therein. He weareth Wellingtons. He damneth often. He discountenanceth the bills of tradesmen. He readeth novels. He purchaseth a ring. He dineth not for eightpence. He discourseth of the "spree" at the Finish, or some other flash place. He breakfasteth on half and half. He showeth a partiality for soda water. He disdaineth tea. He selleth his stethoscope half-price. He playeth at billiards. He goeth to bed ordinarily at half-past three. He becometh acquainted with a Jew. He joineth a swell set. He heareth of ready money at pawnbrokers. He maketh up his mind that the "hall" is a bore. He playeth at shove halfpenny. He knoweth not, albeit he careth not, whether the coeliac artery is in the foot, or at the base of the scull. He taketh in "Bell's Life." He skimmeth the weekly periodicals. He feareth not the college. He thinketh decidedly that anatomists were fools to give so many names. He commenceth Pool at the cigar divan. He smoketh a short clay with common shag, whilst he dissecteth. He preferreth the gallery at lecture. He continueth snuff-taking. He weareth his wristbands turned back. He payeth his lodgings when he can. He preferreth Stanley's Manual to Cloquet. He despiseth note taking, albeit he occasionally copieth a diagram. He thinketh not ill of grinding. He sporteth a broad brimmer. He tippeth policemen. He liveth not estranged from the other sex. He hath a pale face. He weareth pimples thereon. He rideth five in a cab. He attendeth not church. He talketh with his fingers during lectures. He sayeth not his prayers. He discourseth occasionally of a letter from the governor. He betteth on the St. Leger. He liketh not freshmen. He speaketh of reading when he getteth in the country. He hireth a hack. He swelleth in the park on Sunday. He inquireth after persons' mothers. He experienceth difficulty in the retention of tin. He respecteth lint. He damneth his washerwoman's optics. He becometh possessed of a gold chain. He learneth a few choice songs. He riseth at one o'clock. He never writteth home, save when he wanteth the needful. He careth not one damn for the hospital, lecturers, nor any except his picked cronies. He oft becometh inebriated. He obtaineth an introduction to the Lord Mayor. He disdaineth "browns." He flareth up at "H.'s." He weareth dickeys. He thinketh not of latter life. He damneth the adipose and cellular tissue. He lacketh a knowledge of physiology. He hath a piece of court plaster on his chin or upper lip. He sporteth an imperial. He manureth for the cultivation of whiskers. He honoureth spurs. He possesseth an opinion that reading is all very well but a tremendous sweat. He sporteth a pea-jacket. He deemeth himself no obtuse member of society.

THE SAME IN HIS LAST SEASON.

He now lodgeth where he liketh. He attendeth not lectures. He visiteth not "flash cribs," albeit he goeth occasionally. He grindeth much. He carrieth the Dublin under his arm. He cometh on Saturdays to the hospital. He dineth at Bertolini's. He giveth advice to younkers. He dresseth not swell. He wisheth he could work. He speaketh of practising. He payeth certain of his bills. He giveth up billiards. He selleth certain of his pictures. He beginneth to know the muscles of the leg. He talketh not lightly. He abhorreth the ligaments. He yet lacketh Physiology. He readeth greedily the Pharmacopœia. He funketh often. He respecteth Sam C——. He readeth his first lines. He weareth his hair very long. He approacheth closely the period of his examination. He readeth at night. He wisheth to know the examiners by sight. He wisheth a friend to examine him. He weareth shoes. He drinketh water. He speaketh of cutting the profession if he is plucked. He funketh more. He taketh a purgative. He getteth his hair cut to make him clear-headed. He goeth up. He ——

[From a very smart little work, entitled *Mediculus*, published by E. Moore, Gower-street, North.]

PROMOTIONS AND APPOINTMENTS.

Hospital Staff.—Surgeon, W. Fergusson, from the Royal African Colonial corps to be Surgeon to the Forces.

NAVAL PROMOTIONS AND APPOINTMENTS.

Surgeon.—J. Brennan, Romney.

Assistant-Surgeons.—R. Denmark, Impregnable; A. G. G. Tucker, Ditto; W. Roberts, Crane; R. R. B. Hopley, Greenwich.

Effects of Ill Health.—It is a mistake too flattering to our *amour propre* not to be extensively popular, to suppose that bad health will necessarily soften down the more sensual and grosser parts of the character, and blend the hitherto jarring elements into a philosophical composure. In a strictly regulated mind this may indeed be the result; the fruits of long self-government and unselfish action may receive their crowning perfection from the inroads of physical decay; but how rare is such a case compared to those in which the decline of health only induces a deeper and more heartfelt regret for past and irrevocable pleasure. Nor must we wonder at this: in active life our energies are distributed over a variety of objects; schemes of ambition, aspirations after the ideal, retrospect of the stirring events of the past, anticipations of the untried future: all these (accompaniments of youth and health) share our attention along with the pursuit of pleasure. But when physical debility cramps the powers of mind and body, then when these complicated interests of the world are fading from our eyes, the thoughts are forced back on one subject—the pleasures that are past; we look back upon them with an energy of regret that is quite appalling. Thus the debility of bad health is far more of an enervating than composing character. The young mourn over their career prematurely closed; the old think that they also could have done better. Of all states of mind, this maudlin regret for past pleasure is the weakest and most deplorable. Satiety has its grandeur of impassibility; remorse its convulsive energy; but there is an intrinsic littleness in the ceaseless reference to what is gone, not as a good thing past, but an enjoyment lost, (each year haunted by the ghost of its predecessor,) which has no redeeming accompaniment.

INTRODUCTORY LECTURES.

We have received no less than thirteen tickets to attend introductory discourses of the medical *illuminati*, who are about to open the medical campaign. But as we cannot, like Sir Boyle Roche's bird, be in two places at one time, we have sent a reporter to each of the schools, to furnish us with an accurate account of what is going on. We beg our readers not to take alarm at this announcement, as it is far from our intention to publish all the trash that will be spoken; but we intend condensing *in our own way* an account of each, which will not only embrace the subject-matter of the discourse, but will embody the peculiar style and enlightened views of all the orators. We shall begin with our Borough friends, and then steer northwards.

STUDENTS' CALENDAR.

Monday.—

Tuesday.—

Wednesday.—

Thursday.—Operations at St. George's, at one o'clock.

Friday.—Operations at St. Thomas's.

Saturday.—Operations at St Bartholomew's, at one o'clock.

TO CORRESPONDENTS.

Strand Union.—*We are much obliged for the information, and shall make use of it in due time. Our Correspondent is perfectly correct when he says, "impudence and presumption in time find their proper level," but this fact should not debar us from hastening their descent; for we often find them associated with low cunning, and in this company they for a time impose upon the credulity of well-meaning men, which it is the duty of every one to prevent, and more especially, in the case of a medical journal. The medical department of the several workhouses will be fully inquired into by the* Medical Times. *Once for all, however, we inform our subscribers and friends, that it is only the* public *characters of men we shall deal with, and* Strand Union *should know that if a man raises himself from any* humble sphere *of life to the position of a surgeon, if he does nothing to disgrace his profession, he is deserving of credit instead of blame.*

Medical Memoirs (*not* Pettigrew's) *shall appear shortly.*

"*Sir*" Charles Aldis.—*Let* B. *send the information.*

Quiz *is right. We have no doubt if the King's College Committee persist in converting the old workhouse into a new hospital, that the pupils who enter will naturally be generally recognised as* "workus lads," *and that a certain professor will earn the appropriate* soubriquet *of Doctor* Bumble.

Dr. Maddock—*accidentally delayed.*

Mr. Lawrence.—*In our next we shall commence a complete series of this highly talented gentleman's* Lectures on Surgery, *delivered at Bartholomew's Hospital. No panegyric is requisite. Mr. Lawrence's name stamps their value.*

Dr. Steggall.—*The* Grinders *and the* Grinding System *shall be analysed in a series of sketches of the professors of the noble art. We shall commence in our next by giving John Steggall, Esq. M. D. of Bloomsbury-square.*

Dr. Elliotson's *lectures shall be reviewed in our next. We shall look over* all *the editions.*

A Student's *letter shall be attended to immediately.*

Modest *Mr. Hilles came too late to receive this week the publicity he so industriously courts.*

St. George's Hospital.—*The account of the operations will be gladly inserted. We trust all the students in London will flesh their maiden pens in* The Medical Times.

The Student's Calendar *shall be rendered more complete than we have been able to make it at present. . Let our friends send us any particulars they may think valuable.*

Mr. Liston *and his cat shall be operated upon shortly.*

THE MEDICAL TIMES.

SUPPLY OF SUBJECTS FOR DISSECTION.

Much dissatisfaction has been created amongst the teachers of anatomy in consequence of the mismanaged distribution of subjects. Another complaint that is universally prevalent amongst the teachers is, that a greater supply of bodies would be procured under a different system of management than the present. Accordingly an address was presented, some months since, at the Home Office, by a deputation from the general body of teachers, which Lord John Russell was pleased to receive with great attention, and signified his desire to correct the abuses that existed, as far as in his power lay, provided he had the sanction of the *whole body of teachers*. The petitioners are anxious that the distribution of bodies should be placed in the hands of the College of Surgeons, under the plea that the distributions would be more equal. Of this we have our doubts, but we are quite certain that the present system should undergo a total revision. It is monstrous that one school, under any system of registration, should have placed upon its dissecting tables, at the commencement of the session, as many as six bodies, whilst another school, equally entitled, should be destitute of one. It is no argument for so unjust a distribution, to say that one school numbers more pupils than another. This, with justice, might apply at an advanced period of the session, when the number of pupils attending has been ascertained; a fact which can only be arrived at by the returns to the Home Office of the number of students registered at the College and Hall. The spirit of monopoly and fraud which induces educated teachers to stoop to *charlatanry* cannot be too much condemned. We know, that at the commencement of the present session, and for a week before, the greatest interest and exertions were made with certain parish authorities, to secure a supply of subjects for display on the dissection tables, in order to entrap the unwary student into the belief that a similar exhibition would be kept up throughout the session. We once more, for all, desire the student who arrives in town to commence his studies, to wait awhile before he decides, and again, to be on his guard against *clap-traps*.

Sydenham College.—A statement has been forwarded to us respecting the appointment and resignation of Dr. Weatherhead. Being an *exparte* statement we decline publishing it.

SPIRIT OF THE MEDICAL PRESS.

MR. WAKLEY'S THREATENED INQUESTS.

The law was undoubtedly right in declaring that the payment of a Coroner should be by fees on each inquest, so that each Coroner might have the stimulus of interest added to the sense of duty.—A strong personal motive to hold inquests was thus given to him to counterbalance the many personal or social motives that might, from time to time, arise to induce in him an avoidance of the execution of his inquisitorial duty. But when a rule of conduct, however good in itself, is laid down, the possible inconvenience of it, under particular circumstances, are seldom foreseen. It is perfectly true that when a death has been sudden and cannot at once be accounted for, the law both justifies and requires the interference of the Coroner. But when a death has happened in the ordinary manner, and in the course of some great and well understood operation of nature, or from illness, during which a person's friends have been summoned around his bed in expectation of danger, the law does not require, we doubt whether it will justify the invasion of the sanctity of domestic privacy at a time of such acute suffering. The public duty of the Coroner is not called into existence in such a case. If otherwise, there would be no illness, however long, however well known to be fatal, that would not require the intervention of the Coroner. There is certainly no pretence for instituting a criminal inquiry into a matter of skill. But Mr. Wakley has just made the convenient discovery that an inquest ought generally to be held where death has followed on child labour, because, as he says, medical men often send their young apprentices to attend on such cases. In the first place, we utterly deny the slander thus obliquely attempted to be thrown on the medical body. In the next we deny Mr. Wakley's inference from it. For even assuming the slander he has uttered to be true, it would not justify him in holding an inquest unless he could obtain evidence to show that the medical man, knowing the want or skill of his apprentice, and believing that his attendance on the patient would have a fatal result, wilfully sent him to endanger the life of the patient. We repeat that want of skill, without a wilful desire to do injury, is not a subject for a civil proceeding. But a Coroner's inquest is a criminal proceeding, and though Mr. Wakley may fancy that a deodand, being a sum of money, is in the nature of civil damages, any lawyer, however young in the profession, can prove at once that it is a criminal penalty. Now if, in the event of the verdict being the most unfavourable that Mr. Wakley can expect to obtain against the practitioner, he has no right to do more than express his individual opinion, but cannot take any proceedings upon that opinion: he is not justified in holding an inquest. Mr. Wakley ought to know that an inquest can neither be held for mere pleasure, nor his mere profit, nor to enable him to sit in judgment on his brother medicals who are in practice, nor to show off his own surgical learning, nor to give the jurors the trouble of attending, nor to fix on the county an unnecessary expense. The machinery of the law, but especially of the criminal law, is not to be set in motion for any such purpose. When the death requires to be accounted for, either because of its unexpected suddenness, or because of there being good ground to suspect that criminality to a certain extent exists somewhere, and where criminal proceedings may become necessary, the Coroner is called upon to take an inquest, but where the death is the result of an ordinary illness, where no mystery has been observed, no suspicion of foul play arisen, the Coroner is not entitled to set himself in motion, especially where the verification of his most violent suppositions would not entitle him to do more than state his private opinion of

the medical practitioner. Mr. Wakley ought to take legal advice, and see whether the constant interference he now proposes to exercise is warranted by the law, or whether if he without legal cause summon a jury, the bereaved family thus needlessly distracted at the time of their utmost grief, may not subject himself to an action of damages for trespassing upon premises where he has no legal right to come.—*Observer.*

MR. WAKLEY'S INSTRUCTIONS.

The following are the instructions relative to coroners' inquests, which are intended to be carried into effect from and after the 29th inst., issued by Mr. Wakley, M.P., the coroner for the western division of the county of Middlesex. It is stated that notice should be given to the coroner, by head-boroughs, the police, parochial constables, and beadles, in all cases, when persons die suddenly, when persons are found dead, when persons die from any acts of violence —when women die during labour or within a few hours after delivery—when persons are suspected to have died from the effects of poison or quack medicines—when persons die who appear to have been neglected during sickness or extreme poverty—when persons die in confinement, as in prisons, police offices, or station-houses—when lunatics or paupers die in confinement, whether in public or private asylums, or in places where only one is kept.—*Observer.*

ANATOMY ACT AND THE COLLEGE OF SURGEONS.

In the spring of the present year the selfish Council presented a memorial to the Secretary of State for the Home Department relative to the supplying of the schools of anatomy with bodies for dissection, and prayed that the distribution might be intrusted to the memorialists,—to the disinterested and generous-minded Council of the College of Surgeons. Oh! the blockheads. If they cannot comprehend what is just, cannot they read? Is there a clause, a provision, a word, a syllable, in the Anatomy Act, to warrant such an application? The Secretary of State is empowered to appoint Inspectors of Anatomy, and not "Distributors of Bodies." Some of the teachers in the private schools, with that mean and slavish submission which has often at other times characterised their conduct, have joined the Council in this dirty manœuvre, and become their fellow memorialists. But there are other professors and lecturers, who, to their honour be it spoken, have refused to sanction the foul scheme which had been projected by the patriotic Council. Among the non-conformists are Mr. R. Quain, of University College, Mr. Grainger, of the Webb-street School, Mr. Smith, of the Windmill-street School, and Mr. Hilles, of the Westminster School. The object of the Council, clearly enough, is to hamper and perplex the teachers of the private schools, and send them to the wall; and Mr. Quain is entitled to great praise,—at the head, as he is, of the largest school of anatomy in the metropolis—for having withheld from them the sanction of his support. One proposal of the memorialists merits peculiar notice. The majority of the Council, and their relatives and immediate connections, being the hospital surgeons of the metropolis, claim the bodies of persons who die in the hospitals, for the schools of those hospitals! In other words, it is suggested by them that *they*, being in possession of certain preserves, *shall bag and carve all the game that shall be killed therein!* And yet they propose to befriend the "poachers,"—the first time by trying the ingenuity of their fingers at a halter! As the provisions of the Anatomy Act appear to be so very grossly misunderstood, we will embrace an early opportunity of reprinting that statute in the columns of our journal.—*Lancet,*

YELLOW FEVER.

M. Rochoux read a report on "an account of two epidemics of yellow fever at the Havannah in 1837, and on board the Hermione frigate in 1838, by M. Maës." M. Rochoux regarded yellow fever as an inflammation of the stomach, intestines, and biliary vessels, and of the brain and its membranes, where head symptoms went a certain length. The fever accompanying this inflammation differs essentially from intermittent and remittent fevers, and necessarily requires vigorous antiphlogistic treatment. Its causes must be sought in an organic predisposition, and the want of being *acclimated* arising from the meteorological conditions of a warm climate differing so completely from those of the temperate zones. Thus Creoles, and foreigners, after two years' residence in the colonies, escape the yellow fever. M. Rochoux considered that M. Maës often confounded intermittent fever with true yellow fever, whence his mortality, instead of being one-third, was but one-fifth. M. Maës had proved the inflammatory nature of the complaint by post mortem examinations; most frequently unequivocal marks of inflammation were found in the gastro-intestinal mucus membrane, which was sometimes in a state of even gelatinous softening. M. Rochoux approved of M. Maës's treatment, which was antiphlogistic, and likewise agreed with him in denying that yellow fever is contagious.

M. Gerardin alluded to the successful treatment of yellow fever with sulphate of quinine, by Dr. Thomas, and thought his cases, remittents, or intermittents, and not true yellow fever; the latter disease being intense gastritis, could not either assume an intermittent form, or yield to sulphate of quinine.

M. Nacquart thought the inflammatory nature of yellow fever was far from being proved. He thought it was due to some alteration of thoreganism and of the blood.

M. Chervin had studied yellow fever at the Antilles, Gibraltar, New York, and New Orleans, and found it every where the same disease, different in degree, but identical in nature and symptoms. The English physicians who have seen it in various countries also considered it as the one disease. He thought it undoubted that yellow fever belonged to the remittent or intermittent fevers. Thus at Savana, Cadiz, &c., the epidemics commence by intermittent fevers, which, on a sudden, become extremely frequent: on the decline of the epidemic a similar change of type occurs: in proportion as yellow fever becomes less frequent, the number of intermittents augment. Yellow fever, then, is only intermittent fever in its fullest development. So true is this, that in Spain the disease has been more than once overlooked at its commencement. In 1800, the physicians met three times, at intervals of twelve or fifteen days, and were all of opinion that the disease was simply the usual epidemic of the season; but the character of yellow fever soon became too obvious to be overlooked. At Carthagena, Alicant, Malaga, the same thing occurred. Hence we see why sulphate of quinine is often so beneficial. M. Cefort, of Martinique, gave it with the greatest success, while bleeding, so far from being serviceable, caused the intermittent fever to become continued. The influence of miasmata, in producing yellow fever, cannot, either, be reasonably doubted. In the high lands of the Antilles, Jamaica, St. Domingo, Port Louis, it never occurs. M. Chervin concluded by again declaring his conviction that yellow fever was but remittent or intermittent fever, at a maximum of intensity.

M. Bouillaud thought that yellow fever was not a simple inflammation, there co-existed a general modification of the economy, and especially of the blood. As to connecting yellow fever with remittents and intermittents, this was a pathological heresy that could not be maintained. M. Bouillaud considered that the question of contagion was definitely decided in the negative, and consequently could not understand why quarantine was still persisted in.—*L'Experience, Sept. 3.—Gazette des Hopitaux. Sept. 1.—Gazette Medicale, Sept. 7.*

WAKLEY ON HOSPITAL ABUSES.

The three senior surgeons of the Westminster Hospital are Examiners at the College of Surgeons, and one of them, at least, bears the reputation of being particularly severe and surly to the candidates. Yet not one of either of those teachers ever gives a clinical lecture; though, to hear the introductory discourses of some of these gentlemen at the fee-taking season in the hospitals, one would think that they considered clinical instruction to be the most valuable of all medical tuition. As to the attendance of these gentlemen, nothing can be more irregular. They come at the proper hour, or they leave it alone Their visits range between the hours of twelve o'clock and four, everybody else being there to meet them, perhaps at twelve. One of them has presented himself as late as five o'clock, though, for the value of what is taught, he might as well be away. The Westminster hospital affords at all times rich illustrations of these remarks. How the business of that hospital is carried on at all is a marvel. Over the bed of each patient, it is true, is hung a notice of the medical officer who is reputed to have the care of the patient; but on the assistant-surgeon falls, apparently, all the work of the surgical staff. That gentleman is the only one who attends with regularity to the duties of his profession in his appropriate department. From a circumstance that took place in the wards the other day, however, it would seem that he has also another duty to perform, that of preventing mischief, as well as curing it. Sir Anthony Carlile had a patient nominally under his charge, with an extensive injury of the fore-arm, upon which erysipelas had supervened. At one o'clock the venerable Sir Anthony ordered a heavy linseed-meal poultice to the part. At two o'clock the assistant-surgeon ordered the weighty "mess" to be removed, and the lighter, more comfortable, and more clean application of fomentations in its place. Under whose care was this patient?

Other surgeons and College Examiners are equally careless as instructors in the hospitals. Take, for instance, Mr. Samuel Cooper, who professes much regard for clinical tuition. During the past session he has given but two clinical lectures, and has frequently too much gout to attend at all at his post in the hospital. Mr. Liston has lately been equally remiss as a clinical lecturer. At St. George's, Mr. Keate declines lecturing on the cases. At the London, Mr. Andrews is not less dumb. Mr. Vincent, at St. Bartholomew's, is silent. Out of eight hospital surgeons who sit in the examining body in Lincoln's-inn-fields, two only give anything like clinical instruction, viz., Mr. Cooper, feeble though it be, and Sir Benjamin Brodie. The irregularity of the attendance of the surgeons at Guy's Hospital, and the breaches of faith in bedside tuition at that institution, have often been mentioned. We regret to say that the neglect still continues. It is perfectly useless to mention either the days or the hours at which the surgeons are promised to be at their post. During the summer session of the present year, on five visits to Guy's Hospital at the hour that Mr. Key was announced to go round, twice only did we find that gentleman make his appearance, and on one of those days, July the 25th, at the same moment Messrs. Cock and Callaway were seeing the out-patients, whilst Dr. Bright, and Messrs. Cooper, Key, and Morgan made their visits to the *in*-patients. How-

ever, when Dr. Addison and Mr. Key *do* attend they may be usefully followed. The clinical instruction supplied by Mr. Key is that of an accomplished and scientific surgeon, and he becomes an effective teacher. There is an industrious Clinical Society at this hospital, but, like the statue of old that Titan designed should be filled with the divine breath, excellent in its proportions and completeness, it wants the living afflatus and energy which experienced men alone can give to it. While speaking of this hospital, it should be mentioned that the surgeons here, as well as elsewhere, in the operating theatre, never make an observation on the case under the knife, however interesting, however difficult, or however rare. The whole proceeding of the surgeon is carried on and closed in dumb show, and the students depart from the spectacle made wiser only through one sense, that of the eye; of the nature of the case, the reasons for operating, the difficulties which have been encountered, and the probability of success, they hear not a word.—*Lancet*.

HERBERT MAYO AND THE SPECTATOR.

Mr. Rintoul, the Editor of the *Spectator*, in reviewing a book, took the liberty of calling Mr. Mayo "*un grand voleur*"—in plain English, a big thief. This gentlemanly accusation induced the following letter:—

TO THE EDITOR OF THE "SPECTATOR."

19, George-street, Hanover-square,
25th September, 1839.

Sir,—In the *Spectator* of last week, you attribute to me the having used "arts the reverse of candid, to bolster up a reputation for discovery, to which I had little or no pretensions," at the expense of Sir Charles Bell; and you conclude the article, which is a notice of a recent publication of Mr. Shaw's (Mr. Shaw being Sir Charles Bell's brother-in-law), with the civil remark, which you apply to me, "grand anatomiste, grand voleur." May I therefore request you will do me the justice of giving insertion, in the next number of your journal, to the two following extracts referring to the subject of the imputed thefts, the first from a letter published by Mr. Whewell, December 11th, 1837, of which I enclose you a copy (and wish that you would reprint the whole), the second from Dr. Baly's translation of Professor Muller's Physiology.

"Thus the proposition, that there is one set of nerves with ganglions for sensation, and another set without ganglions for motion, was clearly brought into view. Our next business would be to inquire to whom the *experimental establishment* of this proposition is mainly due. This question it is very difficult for a person to decide who has not an intimate and extensive knowledge of physiological researches. A large portion of the credit must be assigned to Sir Charles Bell. For although his experiments on the spinal nerves, made in 1809, had not led him to assert the proposition, they were readily seen to be evidence of it, when it was once asserted. His experiments on the nerves of the face, when they had been corrected by Mr. Mayo, further confirmed it; and the earnestness and perseverance which he displayed in seeking to establish differences in the functions of the different nerves, had a leading influence on the progress of the subject, both through his own labours and through the impulse he gave to those of other inquirers. Moreover, the very striking and attractive view which he at first presented of the primary distinction of function in nerves (including its bearing upon the expression of countenance), however this view might afterwards be limited or modified, was probably one of the main causes of the advance made in this subject. At the same time, I also think it cannot be doubted that Mr. Mayo showed this view, in its original form, not to be borne out by the experiments. Mr. Mayo also added materially to, and in some instances at least corrected, Sir Charles Bell's experiments, and the interpretation of them; as, for example, when in animals in which the fifth pair of nerves had been cut, he ascribed the disuse of the lips in eating to the loss of sensibility, while Sir Charles Bell, less justly, had at first ascribed it to the loss of muscular power."—*From a Letter of the Reverend W. Whewell to the Editor of the Medical Gazette.*

"Both Sir C. Bell and Schoepe remark also, that when the facial nerve had been cut through on one side, the animal still moved its lips on both sides in seizing its food. Mr. Mayo first corrected this error. He found that after the infraorbital nerve had been divided, the animal did not seize its food with the lip, and could not use it well during mastication; but it could open the lips, which Sir C. Bell had denied. The phenomena in Sir C. Bell's experiments were justly attributed by Mr. Mayo to the loss of sensation in the lips; the animal not being able to feel the food, although it had the power to seize it. Mr. Mayo has on the other hand incontestibly proved, that the lips receive their motor power from the facial nerve; for, by dividing the facial nerves on both sides, he produced paralysis of all the muscles of the face, and of the lips also."—*Baly's Translation of Muller's Physiology*, Vol. I. p. 642.

Perhaps some of your readers will be disposed to attach as much weight to the representations of Mr. Whewell and professor Muller, *upon this subject*, as to those of Mr. Shaw, or even to your own.

I have the honour to be, Sir, your obedient servant
Herbert Mayo.

A COURT PHYSICIAN.

Of ignoble being,—born
'Mong the lowest of the earth,
With a spirit mean and poor;
Poorer even than his birth!
All untaught, except to cringe—
Stranger both to book and school,
'Mid the slime in which he trailed,
Rear'd half sycophant, half fool!
'Prenticed, as a wretched lad,
To a miserable quack
Grocer-leech, who made him bear
Plums or pills upon his back!
Jack of all trades, so he trod,
— As a laden ass,—the streets
Doling out, as custom call'd,
Sometimes physic, sometimes sweets!
Taking from his basket board
Bolus now, and now bohea,
With just enough of cudgell'd wit
To know the tincture from the tea!
Druggist's his, or chandler's shop,
Still he by the counter stood,
Quiet duty-doing dolt,
Heart of stone and head of wood!
Thus he thrives, till by-and-by
Avarice made his brain expand;
Gave his tongue an oily twang,
Taught him feel with grasping hand!
Now ambition in his heart
Made a sort of bastard throne,
Throwing grocery all aside,
Settled down to drugs alone!
Save when varied here and there,
Blister, powder, salts, or slop!
Booby *'prentice* now is dead,
Booby *master* keeps a shop!

* * * *

Boy, grown man and master too,
Learns to truckle, scrape, and bow;
Crawl, and fawn, and flatter on,
Mince his prattle, smooth his brow!
Creeping up in life, through smiles—
Fortune soon must grow more bright!
Yes! diplomas are not dear—
He has *got one!*—all is right!
Now the drudging driveller see,
Full physician—mild M.D.!

* * * *

Still, by stooping, on he moves,
Neither head nor heart erect!
Civility that gathers wealth,
Not virtue that commands respect!
But still the sleek-drest doctor works
With cap in hand, on cringing knees;
And, lo! on Chance's ladder lurks,
Till up he crawls to palaces!

* * * *

And now that he is near a throne,
The "Court Physician" pries about,
And pride is very puffed, and all
The hidden devil oozes out!
The dotard skill that for disease
Can compass all things save the cure—
The science that began with teas!—
The knowledge that was never sure!
The keen perception of complaint
That called it all things, save the right!
The whispering, slandering, malice heart,
That poured its poison out like blight;
That out of ignorance brewed guilt,
Converted suffering into shame!
Plunged slander's dagger to the hilt
To stab a pure and holy fame!
The lie, that could have no excuse,
Save that the liar was a tool
Of some dark envying "confidante,"
Who, artful, used him as her fool!
The meanness that must always sneak!
The bully when he had no suit!
The spy, that saw what never was?
The coward, that was ever brute!
The player in his risen sphere
(Dry nurse of any wretched strife);
The actor of the parts he played
As 'prentice boy in early life—
A wretched errand-bearer, sent
On any bad or dirty mission,
Upon some filthy end intent—
In other words, *the* Court Physician!

Morning Post.

The student will find, when engaged in practice, that there are no diseases so frequently met with or so little understood as those of the chest. We are, therefore, glad to see it announced that Dr. Maddock is about to devote a course of lectures to these too common and fatal complaints, and hope that by the pathological researches which we understand Dr. M. is making, that some new light may be thrown upon the causes and treatment of them.

Mr. Walker has announced a work on grave-yards. From the prospectus and that gentleman's character, we auger well of it; and we suppose it needless to direct his attention to the exquisite spot the wiseacres of King's College have chosen for the health of their sick patients. Seriously we think the Government ought to interfere in preventing the conversion of what was unfit for a workhouse into a hospital.

Crusade against Quackery.—May we be allowed to ask Dr. Fox, late candidate for the post of Physician to the London Hospital, in opposition to Dr. Little, whether he ever officiated as the colleague of a person calling himself Sir *Charles Edward Jenkins*, Knight of Malta, in a very small dispensary, called St. John's British Hospital?

King's College Hospital.—If the facetious Joe Miller could raise his head from the shabby grave-yard in Portugal-street, where it is quietly deposited, what jokes might we not expect at the expense of the founders of this already notable job. Its locality is fine—shambles on one side, and a churchyard on the other—butchers within and without—prayers for the living and the dead.

The Middlesex Geese began their cackling on the first, with the usual limited number of *goslings*. A full account of the birds in a future number.

Work in the Press.—Dr. Todd, we understand, intends to gratify the world with a volume of *Meditations among the Tombs, to which is to be added several new Jests and a solemn Commentary on Joe Miller.*

Obituary.—At Corsham, Wilts, William Sainsbury, Esq., M.D., in his 82nd year. At Charlton Park, Gloucestershire, Sir W. Russell, Bart., M.D., F.R.S., deeply lamented. At Lisburn, aged 44 years, Mr. Stewart Turner, for the last 24 years House-Surgeon and Apothecary to the county of Antrim Infirmary.

ORDER OF ATTENDANCE ON LECTURES,
For the observance of those who intend to pass both the Hall and the College.

The following scheme indicates the "order of study," to be observed in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons:—

First Winter Session.

Chemistry.
Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia medica and therapeutics.*
Principles and practice of surgery.

First Summer Session.

Botany.
Surgical practice of an hospital.

Second Winter Session.

Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Dissections.
Midwifery and diseases of women and children.*
Principles and practice of medicine.
Principles and practice of surgery.
Medical and surgical practice of an hospital.

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic medicine.
Practical midwifery.
Medical and surgical practice of an hospital.

Third Winter Session.

Dissections.
Midwifery and diseases of women and children.
Principles and practice of medicine.
Medical practice of an hospital or dispensary.

* In our list of schools the words "materia medica" are designed to indicate also *therapeutics*; and the word "midwifery" is intended to include *diseases of women and children.*

ABSTRACT OF THE REGULATIONS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

(*The College is situated in Lincoln's-inn-fields.*)

After the termination of the Session 1839-1840, Candidates will be required to bring proof

1. Of being not less than twenty-one years of age.
2. Of having been engaged in the acquirement of professional knowledge for not less than five years, three of which shall have been passed in a recognised school or schools of Surgery.
3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during two Anatomical Seasons.*
   * An Anatomical Season is understood to extend from October to April inclusive, and to comprise at least 140 Lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 demonstrations of the like duration, given in a similar manner; exclusive of dissections, of which distinct certificates are required.
4. Of having attended at least two courses of Lectures on Surgery, delivered in two distinct periods or winter seasons of six months, each course to comprise not less than 60 lectures.
5. Of having attended Lectures on the Practice of Physic, and on Chemistry during six winter months, comprising not less than 70 lectures respectively; one course on Materia Medica, with Medical Botany, during six months, and one on Midwifery during six months, each comprising not less than 60 lectures; and, at least, 25 lectures on Medical Jurisprudence.

   Certificates of attendance on these lectures during the summer season will be received, provided they are equally divided over a period of four months.
6. Of having attended, during twenty-one months, the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for twelve months in any one of such hospitals, and twelve months in any recognised provincial hospital.
7. Of having attended the medical practice of an hospital or dispensary during six months.

N. B. Certificates will not be received, in future, on more than one branch of science from one and the same lecturer:—but Anatomy and Physiology,—Demonstrations and Dissections,—Materia Medica and Botany,—will be respectively considered as one branch of science.

UNIVERSITY OF LONDON.—ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—

To have been engaged during four years in their professional studies at one or more of the Institutions or Schools recognised by the University.

To have spent one year at least, of the four, in one or more of the recognised Institutions or Schools in the United Kingdom.

To pass two examinations.

For the First Examination, which takes place once a year, and commences on the first Monday in July, the Candidate is required to produce certificates—

Of having completed his nineteenth year.

Of having taken a Degree in Arts in the University, or in a University, the Degrees granted by which are recognised by the Senate of the University; or of having passed the Matriculation Examination.

Of having been a Student during two years at one or more of the Medical Institutions or Schools recognised by the University, subsequently to having taken a Degree in Arts, or passed the examination.

Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery, and Diseases peculiar to Women and Infants; Surgery; Medicine.

Of having dissected during nine months.

Of having attended a course of Practical Chemistry.

Of having attended to Practical Pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.

The fee for the examination is five pounds.

Candidates to be examined in the following subjects:—

Anatomy; Physiology; Chemistry; Structural and Physiological Botany; Materia Medica and Pharmacy.

Anatomy and Physiology, by *viva voce*, and Demonstration from Preparations.

Chemistry, Materia Medica, and Pharmacy, by *viva voce*, and Demonstrations from Specimens.

The Second Examination takes place once a year, and commences on the third Monday in July.

No Candidate is admitted to this Examination within two academical years of the time of his passing the first Examination, nor unless he produces certificates—

Of having passed the first Examination.

Of having, subsequently to having passed the first Examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the Candidate had not presented certificates at the first Examination.

Of having, subsequently to having passed the first Examination, dissected during six months.

Of having conducted at least six labours.

Of having attended the medical practice of a recognised hospital, or hospitals, during twelve months, and lectures on Clinical Surgery.

Of having attended the surgical practice of a recognised hospital or hospitals during other twelve months, and lectures on Clinical Medicine.

Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine in a recognised hospital, infirmary, or dispensary, during six months.

The fee for this Examination, five pounds.

Candidates to be examined in the following subjects:—

Physiology; General Pathology; General Therapeutics; Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine.

ABSTRACT OF REGULATIONS OF APOTHECARIES HALL.

(*The Hall is situated in Union-street, Blackfriars.*)

The Examiners at this Institution require Candidates for examination for the license of the Company, to bring to the Board (besides indentures of apprenticeship) certificates of having paid money for attendance on lectures, dissections, and medical practice, as follows:—

Students whose attendance on lectures shall commence, or has commenced, on or after the 1st October, 1835, will be required to produce certificates of having attended, during three Winter and two Summer Sessions, lectures in the following order, and medical practice from the commencement of the second, to the termination of the third Winter Session.

(The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st July.)

First Winter Session.

Chemistry,
Anatomy and Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia Medica and Therapeutics.

Second Winter Session.

Anatomy and Physiology.
Anatomical demonstrations.
Dissections.
Principles and practice of medicine.
Medical practice of an hospital.

First Summer Session.

Botany; and such other branches of study as may improve the student's general education.

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic medicine.
Medical practice of an hospital.

Third Winter Session.

Dissections.
Principles and practice of medicine.

Midwifery, with attendance on cases:
Medical practice of an hospital or dispensary.

The student is required to attend the medical practice of a recognised hospital, from the commencement of the Second Winter to the termination of the Second Summer Session, and from that time to the end of the Third Winter Session, at an hospital or recognized dispensary. Midwifery, two courses of sixty lectures each, in separate sessions, and after the first Summer Session.

BY-LAWS AND REGULATIONS

Regarding Medical Education at the Apothecaries' Hall, Dublin.

EVERY candidate must undergo two separate examinations, one for "the certificate of apprentice," the other for "the licence to practise." No candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attained the age of fifteen years.

The examination will consist in translating and parsing the following books, viz.:—Cæsar's Commentaries, the works of Sallust, the First Six Books of the Eneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the Dialogues of Lucian, and the First Four Books of Homer's Iliad.

Every candidate for "the license to practise" as an apothecary must lay before the Court the following documents:—

1. "The certificate of apprentice" obtained from the Court.

2. His indenture of apprenticeship, enrolled according to Act of Parliament, with a certificate signed by the Licentiate to whom he has been indented, that he has fulfilled the period of apprenticeship required by the Act.

3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of the Apothecaries' Hall, or at some other school of medicine recognised by the Court.

The order of study here laid down is recommended for the guidance of students.

During Six Months.

Chemistry.
Anatomy and physiology.

Three Months.

Practical chemistry.
Botany.

Six Months.

Materia medica.
Demonstrations and dissections.
Theory and practice of medicine.
Surgery.
Midwifery and the diseases of women and children.

According to the Act a rejected candidate can not be re-admitted for examination until the expiration of six months.

ADVERTISEMENTS.

IMPORTANT TO THE MEDICAL PROFESSION.—COMFORT WITHOUT RISK.—THE NEW WATERPROOF CODRINGTON FROCKS are a most respectable and gentlemanly Garment, completely impervious to Rain, without offering any obstruction to the free escape of Perspiration. They are already in extensive use, and the great and increasing demand for them, occasioned by the recommendation of those who have long tried them, is the best proof of their efficiency and approval. Every other description of VENTILATING Waterproof Clothing, also made by W. BERDOE, who first introduced this invention to the Public, and is convinced that the Process of the British Waterproofing Company is the best.

W. B. has fitted up a SHOW ROOM for Waterproof Clothing, and keeps a great variety of Waterproof Frocks, Cloaks, Capes, Leggings, &c., made suitable for all climates and purposes.

First-rate Clothing of every description made to order by WALTER BERDOE, Tailor, 69, Cornhill.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon Unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, and the Principals of the British Museum; and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A Pair of the Best Convex Pebbles, fitted to the Purchaser's own Frame, 5s.; Concaves, 7s. 6d.

Best Brazilian Pebbles, in Gold Frames	£1	15	0	for Ladies
Do., Double Joints	2	5	0	for Gents.
Do., Standard Silver	0	15	0	for Ladies
Do., Double double Joints	0	16	6	for Gents.
Do., Finest Blue Steel Frame	0	15	0	for Ladies
Do., ditto, Double Joints	0	16	6	for Gents.
Do., Tortoiseshell Frame	0	10	0	for Ladies
Do., Best Black Buffalo Horn	0	7	6	for Ladies
Do., Strong Steel Frame	0	6	6	for Mechs.

The above are all Glazed with the clearest Brazilian Pebbles, composed of pure Crystal, which is acknowledged by Occulists to be the most pellucid and perfect substance that can be used for Spectacles.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited, either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying the length of time they have used Spectacles.

Letters are requested to be post paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

BAROMETERS IN A GREAT VARIETY.

Superior 8-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from £2. 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from £3. 10s.	6	0	0

No. 37, BROAD STREET, BLOOMSBURY, in a direct line with HOLBORN.

HOW TO GET A GOOD DRESSING! ! !

REFORM the State, with voice elate, let Politicians shout:
Reform the Lords, Reform the Church, Reform the land throughout;
Reform your house, your plans, your purse, your ailments and your ills;
But, oh! above all things, cry we, REFORM YOUR TAILORS' BILLS! ! !

Perhaps you say, in sore dismay, "How can the thing be done?"
Whereat we cry, most easily, with DOUDNEY AND SON,
Of Lombard Street, at Forty-Nine, the number 's on the door:—
Established Anno Seventeen Hundred and Eighty-Four.

Your person in a perfect Suit they'll prominently fix,
In such as all who see admire, for Three Pounds Twelve and Six.
Good Work, Good Cloth, Good Quality, and Patterns all the go,
And Morning Coats, the price Fifteen—the charge you'll own is low.

And, oh! YE SPORTSMEN, listen now, while we your pleasures cater,
For Two Pounds Ten, your Suit complete, including Leather Galter.
Their trousers, too, of many sorts, for Fishing or for Trav'ling;
The price is small,—Thirteen and Six,—and safe from all unrav'ling.

Their Pilot Jackets, One Pound Ten, in which no man can founder,
And Petersham Great Coats the same,—a very warm wrap rounder.
THE GUINEA CLOAK, a Waterproof, which will withstand all weather,
A proper "Comfort in a Storm,"—and wear as strong as leather.

Or if within your carriage green you're leisurely reclined,
A fine fat Coachman on the box, and Footman tall behind;
The moment their old suit shows rust, on collar, cuff, or knee,
A LIVERY they'll furnish each for only Three Pounds Three.

Then as for BOYS, the wearing dogs, who tear their things to pieces,
They clothe them in good Coats and Frocks, your GIRLS in smart Pelisses.
And should you want them Ready-made,—they say it without roguery,
No House can show so cheap a Stock of Little Urchins' Toggery.

Moreover, DOUDNEYS were the first who very kindly proffered
Their yearly Contracts for our Clothes,—the cheapest ever offered.
Two Suits a-Year at Eight Pounds Six, and Three for Twelve Pounds Five,
Or Four for Fifteen Pounds Eighteen.—'Tis you the benefit derive.

Three Waistcoats for One Pound they sell; and Trousers,—Cantoons, Drillings,
The Newest Patterns that are out,—Three Pairs for Thirty Shillings,
DOUDNEY AND SON, of Lombard Street, their promises fulfil,
The City Mart 's at Forty-nine—REFORM YOUR TAILOR'S BILL.

Osteological Repository, 45, Museum Street, Bloomsbury.

J. HARNETT

Begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS, consisting of

Superior white articulated SKELETONS.
Ditto, unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, a la Bauchene.
A great variety of ENTIRE SKULLS.
Skulls with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS; among them a beautifully executed Anatomical Figure, by the same one as in the Ecole de Medecine of Paris. Price £40.
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has

A SELECT LIBRARY OF FOREIGN MEDICAL WORKS.

Dentists supplied with Natural Teeth, on moderate terms.

No. 9, Gower-street, North, University College.

MEDICAL STUDENTS, BUY YOUR CLASS BOOKS at F. MOORE'S, Bookseller.

DR. ELLIOTSON,—LECTURES on the PRINCIPLES and PRACTICE of MEDICINE, delivered in University College. By JOHN ELLIOTSON, M.D., Cantab. F.R.S., late Professor of Medicine in that College. Edited by Drs. COOKE and THOMPSON.

These Lectures were taken in short-hand, and are a faithful transcript of the learned Physician's extensive practice. They are offered at 10s. 6d. 750 pages closely but clearly printed in 8vo., with entirely new type. Gentlemen having Parts I & II. may return them if they do not intend completing the Volume. Parts at 1s. each. Eight complete the Work,

"We understand that Dr. Williams will follow the admirable arrangement of Professor Elliotson, therefore these Lectures will be invaluable to the Students of University College. It is certainly the best practice of Physic extant. We speak not of theory but of real practical information. We strenuously recommend the Work to all who feel interested in the advancement of practical Medicine."—Medical Gazette, May 25. 1839.

A MANUAL FOR THE EXCLUSIVE USE OF MEDICAL STUDENTS, being Three Years of a Medical Student's Life in London. By MEDICULUS. Price 1s 6d.

"A happy hit, full of wit, humour, shrewdness, and we are compelled to say, TRUTH. The life of a young Esculapius, from the hour of his apprenticeship to the EVE of his examinations at the College and Hall. Evidently written by a sly, downy, spark."—Oxford Herald.

"It will deter many from allowing their BOYS sufficient 'tin' to revel in the arms of Venus, or bow to the god Bacchus."—The Town, No. 72.

"What a capital slap at the Hall! The precious magnates have a fine list of questions to put to the candidates, if they ask these inserted in this book. Well, we think they do put questions fully as absurd. We think some of these might have been a little more delicate. We understand the Author was the successful competitor for the gold medal at Bartholomew's, although a first year's pupil."—Lancet.

DR. MADDOCK will commence a Course of Lectures upon Diseases of the Chest, at his Residence, 80, Judd-street, Brunswick-square, on Tuesday, October 1. Fee for the Course, Three Guineas. Further particulars to be obtained of Dr. M. before 12 in the morning.

GENTLEMEN'S CLOTHES, AT REDUCED PRICES.

W. WELSFORD, No. 146, Leadenhall Street.

A Fashionable Coat, Fancy Waistcoat, and Trowsers	£4	0	0	to 5	0	0
Handsome Coats, lined with Silk, fashionably made	3	3	0			
Fine Cloth Waterproof Great Coat	3	3	0	to 4	0	0
Double-breasted Swansdown or Valencia Waistcoats	0	10	0			
Fine Double-breasted Swansdown or Valencia Waistcoats	0	12	0	to 0	16	0
Stout Buckskin Trowsers	0	16	6			
Superfine Cassimere Trowsers	0	18	0	to 1	6	0
Fine Cassimere Trowsers	1	4	0	to 1	8	0
Warm Great Coats for Travelling	2	2	0	to 3	0	0
Cloaks of all descriptions	1	5	0	to 3	0	0
Camblet Boat Cloaks, Cape and Sleeves lined	2	0	0	to 2	10	0
Satin Waistcoats, newest patterns	1	0	0	to 1	15	0
Rich Silk Velvet Waistcoats	1	4	0	to 1	10	0
Young Gentlemen's Jackets, Waistcoats, and Trowsers lined	2	5	0	to 2	15	0
Pilot Coat, Velvet Collar, bound & lined	1	4	0	to 2	15	0
A Suit of Livery	3	18	0	to 4	10	0

Three Suits per Year, £13.—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large assortment of Ready-made Clothes.

London:—Printed and Published by VINCENT BROOKS, 421, Oxford Street; and sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 3. Vol. 1. LONDON, SATURDAY, OCTOBER 12, 1839. Price 3d.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[BROOKS, PRINTER, 421 OXFORD STREET.

MEDICAL PORTRAITS.

THOMAS WAKLEY, M.P., CORONER FOR MIDDLESEX.

The history of this gentleman's career as a medical editor, as a member of the Legislature, and recently as coroner, is replete with events of a most extraordinary nature. Mr Wakley is one of those spirits who sometimes rise into power through accidental circumstances, aided by a vigorous intellect. Blest with acuteness without genius, with a comprehensive mind, he has generally acted with an energy of purpose which has confounded his enemies, and startled his friends. Wielding a powerful pen in defence of the mass of his professional brethren, he has but too frequently steeped it in gall rather than ink. This has caused his name to be tainted by calumny; but in several cases the malice of his enemies has recoiled on themselves.

Mr Wakley came to London in 1815, a "poor uneducated boy," as he himself is fond of saying. He is the son of a Devonshire land surveyor. He became a pupil of Sir Astley Cooper in the Borough. Mr Wakley was not distinguished at that period by any striking ability; on the contrary, he exhibited an obtuseness of intellect which indicated anything but future celebrity. Having completed his studies as a pupil, he entered practice in Argyle street, where that lamentable conflagration occurred which was destined to cast so much unjust obloquy on his name. Mr Wakley demanded 800*l.* of the Rock Insurance Company for damage done to his furniture, which was resisted by the company, on the ground that the fire took place unfairly. An action was brought by Mr Wakley, and he recovered the *whole* amount. He received letters from several of the directors of that company, regretting that the demand of Mr Wakley had been objected to.

We believe that the cause of the fire is as much a mystery to Mr Wakley as it is to the rest of the world. The following is his own account of it:—Mr Wakley's wife and other inmates, excepting a man-servant, had left town, when, one evening, two men knocked at the door, which was opened by his man. The parties desired to see Mr Wakley on professional business. Mr Wakley admitted them to an interview. After a few words had passed between him and the strangers, Mr W. turned to fetch some medicine, when he was struck to the floor with a heavy instrument by one of the ruffians. The blow rendered Mr W. insensible, and when he obtained possession of his faculties he found himself prostrate on the floor, saturated with blood. He rose extremely weak, when, to his horror, he discovered that the villains had fired his house. He ran to the front door: it was locked: the flames increased. He then proceeded to the kitchen, but strong bars prevented his escape in that direction. Mr W. possesses an iron frame, with extraordinary physical powers, which enabled him, after many Herculean efforts, to wrench the bars from the window. The flames enveloped him during this fearful struggle for life. He succeeded in escaping to a neighbour's house, exhausted in body and wretched in mind. His property was destroyed; and to this hour no clue has been discovered whereby to trace the ruffians.

This is the simple account of that mysterious affair—a statement never before given of a transaction which we know has been productive of more mental misery to Mr Wakley than all the troubles and vexations of his public career.

In 1823 the subject of this notice started his famous journal, 'The Lancet.' The idea was taken from 'Reece's Gasette.' This publication was first issued by Onwhyn, then by Knight and Lacy, and subsequently by Hutchinson. Mr Wakley started as a Reformer, and, with a few exceptions, he has maintained the honoured distinction, by exposing abuse in our public hospitals and medical corporations. The first circumstance that attracted public attention to his journal was the editor's fearless, and somewhat reckless, exposure of Dr Collyer. His remarks on the suspicious conduct of that saint thrust his 'Lancet' at once into public notice, and secured it a circulation unprecedented in the annals of journalism. Amidst the heterogeneous mass of news, medical and non-medical, interspersed with critiques on theatrical amusements, Mr Wakley printed the invaluable lectures of Sir Astley Cooper. This bold and unprecedented proceeding astounded the whole profession, and set all on the alert to discover the fearless innovator. An anecdote has been long known to us, which displays the character of George IV in a very worthy point of view; and the respect Mr Wakley ever entertained for that vain and treacherous monarch, confirms us in our opinion of the validity of the story. Radical as the editor of the 'Lancet' wishes to appear, yet he perilled his hard-earned reputation by fawning on a man who "spared no man in his anger, nor woman in his lust." Here is the anecdote. Sir Astley Cooper was a great man at court in the year in which his lectures were published. He was much chagrined at the publication, and resolved to discover the purloiner of his discourses. From a suspicion entertained of Master Wakley, he watched him narrowly at lecture, and perceiving him always very busy with his pen, Sir A. had the curiosity to pay Mr Tom an evening visit. On entering Wakley's studio abruptly and unannounced, he discovered that gentleman hard at work correcting a proof of one of the sheets of the obnoxious 'Lancet,' which said sheet contained one of Sir A.'s lectures. "Oh, oh!" cries Sir A., "I have caught you at last. This is too bad. I'll put a stop to it, Mr Wakley." Tom leered at his old teacher, and said, "We'll try, Sir Astley; for, until I am *compelled by the law* to desist from publishing your lectures, I shall continue them. You have, at last, obtained possession of my secret. You now know I am the editor of the 'Lancet,' and so shall the world." Sir A. looked unutterable things and departed, threatening vengeance on Wakley.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

On Inflammation.—Of all the various diseases which constitute the catalogues of our nosologists, by far the greater part consists either of inflammation in particular organs, or of changes which are produced by it; and there are very few instances indeed in which inflammation in some part is not either a cause or consequence of disease, a concomitant circumstance, or a mode of cure. When I say mode of cure, I allude to the production of inflammation artificially as the means of remedying disease. This is a circumstance peculiar to it, and which does not belong to any other kind of morbid affection of the frame—that of our producing the disease artificially. We have the power, by means of various applications to the skin, of exciting inflammation exactly similar in its nature to that which arises from causes occurring within the part; we can, therefore, produce this action at will, although we cannot in the same way effect organic changes, such as cancer, tubercle, or exostosis. There are very few diseases, then, I repeat, in which inflammation of some particular organ is not either a cause, effect, or concomitant circumstance. I believe we shall hardly meet with a case of common fever in which we cannot trace inflammation itself, or the disorganization produced by it, and even in intermittent fevers it is by no means uncommon to find such alterations.

Inflammation has generally been spoken of and described in the abstract; but there is such a variety in the process, dependent on the peculiarities of structure in every organ, and on differences in the nature and causes of the affection itself, that no general description can be applicable to all cases. In order, therefore, to give you a comprehensive notion of the kind of disturbance which is designated by the name *inflammation*, I shall select an instance of a prominent nature, and point out the phenomena which present themselves, exhibiting them as a general type of this affection. We will take an individual case: if an injury is produced by a puncture, laceration, or incised wound, either of the finger or the palm of the hand, or by a bruise, or any other injury of the part, the person who has met with such accident probably continues his ordinary occupation; he finds the hand becoming rather painful, but, regardless of this, he continues to use and to exert it; the disturbance increases, the part begins to swell,—he soon finds that he is unable to move it without great pain, and he seeks medical assi[stance]. When you see a case such as this, you w[ill]

find the inflammatory affection already pretty fully developed, and you will observe that it is characterised by four circumstances; you see that the part is preternaturally *red*, and that it is *swelled*, *hot*, and *painful*. The swelling affects the entire hand, but does not present the same character over the whole of the part. In the immediate situation of the wound, supposing it to be on the finger, or the palm of the hand, you will perceive that the swelling is tense and firm. If the affection has extended from the hand to the forearm, the tumefaction will be of a firm character, particularly about the wrist; but if you examine the back of the hand and forearm generally, you probably find that the swelling is soft, and what we term *œdematous*; you observe also that the swelling is more extended than the redness.

The redness is of a bright scarlet or light crimson tint; that is the kind of colour which we may suppose would be produced in healthy persons by an increased quantity of arterial blood in the part; —it does not exhibit the hue that is produced by venous blood. The redness is most intense in the immediate neighbourhood of the injury, and from this it is gradually shaded off into the part which is sound.

The heat is sensible to the touch, so that, when we put the hand upon the part, we can perceive that the inflamed portion is considerably warmer than the rest. This difference then is obvious to the sense of others, and the patient himself feels a very intense burning heat in the part; but if we come to examine its temperature by the thermometer, we do not find that the actual heat has increased so much as the sensation of the patient might lead us to expect; in fact, we do not find that it is beyond the natural temperature of the blood. The temperature of the blood is ascertained to be from 90 to 100 of Fahrenheit's thermometer; and however intense the feeling of heat experienced by the patient, we find that the actual temperature of the affected part does not ascend beyond this in any case of inflammation. This is a point that has been particularly investigated by Mr Hunter. He excited inflammation in the cavity of the chest, and in the vagina and rectum of an ass; and he found that the temperature of those parts never rose, under any inflammation that he could produce, beyond that of the natural temperature of the blood. If we place a blister on the chest, and then examine the temperature of the part from which the cuticle has been removed, we find that the thermometer will rise about two degrees higher than when applied to the surrounding uninflamed skin; and if we perform the same experiment on the extremities, we find it ascend four, five, or six degrees, as compared to the adjacent skin, because the temperature of the extremities is naturally lower than that of the parts nearer the centre of circulation. In one instance Mr Hunter was operating in a case of hydrocele: he introduced a thermometer at the puncture in the scrotum, and found the temperature of the parts to be 92 degrees of Fahrenheit. On the following day, when inflammation had supervened, the temperature had risen to 98¾ degrees. This was a considerable increase, amounting to 6¾ degrees, yet even here the temperature did not go beyond the natural heat of the blood.

The pain of the inflamed part is, in the first instance, slight, but gradually increases. It is augmented on pressure, and aggravated by any attempt at using the limb. In the first instance the patient experiences something of a dull aching pain, but as the inflammation proceeds it assumes a peculiar character, attended with throbbing, and a sense of pulsation in the part. The patient seems, as it were, to perceive the increased action of the blood-vessels; and this is not merely a circumstance suggested by the sensation of the individual, for if we place the fingers on the arteries leading to the inflamed part, we find that there is a considerable augmentation in the actual force of the pulsations. In inflammation of the hand, which we are now considering, we perceive that the pulse at the wrist of the affected limb is much fuller, stronger, and harder, than on the opposite side. In fact, we often find, if the information be very considerable, that there is a very marked differ-

in the pulse of the two sides. Under these circumstances this throbbing, or preternatural pulsation, extends perhaps along the arteries as far as the elbow, and may be felt, through the muscles that cover the vessels, in the fleshy part of the arm. In conjunction with this increased action in the principal arterial trunk that leads to the inflamed part, you find a corresponding distention in the veins which convey the blood away from it. When the hand is thus inflamed, if you uncover the limb you see that several veins are manifestly distended; they are as full as though you had placed a ligature round the arm above the elbow, as we do in venesection.

Along with the four remarkable alterations in the condition of the part I have now mentioned, you will find that the function of the inflamed organ is suspended, or at least considerably impaired; that is, the person cannot move the limb without great pain; and when the inflammation has proceeded to its utmost extent, he is altogether incapable of using the affected part. When the swelling and inflammation continue, and instead of being checked they increase, notwithstanding the means adopted to arrest them, you will then find other changes take place in the state of the part, and these of a very serious and important kind. All the symptoms that I have now described increase in severity; the part becomes greatly swollen; the redness is intense and vivid; and a most severe and agonizing pain is experienced, so as entirely to deprive the patient of rest.

The local action having reached to such an extent at some point that the part can no longer sustain it, that portion loses its vitality, and *mortification* ensues. The skin of the part assumes a dirty, turbid, or black appearance: it is, in fact, dead, mortified, or *gangrenous*. The part thus deprived of vitality is called *slough*. Under a less violent degree of inflammation, matter forms in the part; that is, a thick yellow or white fluid, which is technically called *pus*, is poured out by the inflamed vessels into the substance of the organ. Where it is effused into a spot, and we find a cavity filled with such fluid, the name *abscess* is given to it: this is technically termed *suppuration*. Inflammation, then, occasionally terminates in this way; but in other instances, without proceeding to such an extent as we have above described, the swelling of the part may diminish, the pain and redness may be speedily lessened, the symptoms of inflammation gradually disappear, and the natural state of the part return. It will then recover the power of exercising its proper functions. This is called *resolution*.

Now in any case in which mortification has occurred in a certain part of the inflamed member, or in which suppuration may have taken place, you will find that in the neighbourhood of the mortification or of the suppuration, there is a considerable swelling, which is caused by an interstitial deposition of coaguable lymph around the part. After the process which the occurrence of suppuration renders necessary is gone through, and indeed without this process, wherever thickening or induration does not subside when the inflammation has passed away, there remains a state of parts which, although not distinguished in our language by any particular term, has been alluded to by the French, under the name of *engorgement*. This hardness of the part, which is produced by the interstitial deposition, disappears again, in general, as the inflammation declines; but, in many instances, the function of the part may be seriously injured by it, although the inflammation has not proceeded so far as to cause the more serious changes of mortification and suppuration.

Such are the principal effects produced by inflammation in a part where it occurs: mortification, when in its utmost violence; suppuration and the formation of abscesses, in a less severe degree; next interstitial deposition, and consequent enlargement and thickening, which impair the motion and more or less affect the function of the organ; and lastly, the gradual, slow subsidence of symptoms by resolution, or the sudden and immediate disappearance by delitescence.

These various effects usually are described as the *terminations* of inflammation; but this is not a very accurate expression, because, in point of fact, the inflammation does not terminate with these occurrences. If mortification takes place, or if abscess be formed, the inflammation is not at an end. The symptoms are in part relieved, the swelling is diminished, the pain and heat are lessened, but the redness continues, with more or less of uneasiness, and it will be a long time before the part returns to its natural state. You can, therefore, by no means say that inflammation has terminated, when mortification and suppuration have taken place: they are parts *of* inflammation, not the conclusion of the process.

Such are the effects which inflammation produces in the part which is its immediate seat,—such are the primary or local results of this increased action; but we find, at the same time, that other effects are produced, belonging to the head of secondary, or sympathetic, disturbances—effects which, as they involve a considerable number of the organs of the body, have sometimes been called the *constitutional* symptoms of inflammation. We find, in the first place, that the vascular system is sympathetically disturbed—the action of the heart is augmented, and the pulse is full, strong, and frequent. The nervous system also is deranged: there is pain of the head, as well as of the back and limbs; restlessness, want of sleep,—in some cases even delirium. The digestive organs are obviously and considerably disordered; there is a white tongue; want of appetite, thirst, sometimes even nausea and vomiting; costiveness. The various secretions are suspended, or diminished, and the skin is hot and dry. The mouth is parched; the urine is scanty, high-coloured, and turbid; and in all probability the secretion of the mucous membrane of the alimentary canal is considerably diminished: we may infer this from the obvious effects. These various circumstances taken together constitute the state of sympathetic inflammatory fever; that is, febrile disturbance, produced by local affections. The sympathetic disorder gradually declines, in proportion as the original local mischief becomes lessened. When this takes place, the secretions that have been previously suspended are restored; the circulation, which is relieved by these natural outlets, becomes tranquil; the nervous system is soothed, and appetite returns. Such are the several phenomena of a well-marked attack of inflammation. You observe there is a correspondence in character between the local and general disturbances: where there is a violent local disease, there is an equally severe general disturbance of the system.

SPIRIT OF THE PRESS.

[In this portion of 'The Medical Times' it is intended to place all that may be most valuable or interesting in contemporary journals. In making the selection, we shall not be deterred from quoting an excellent paper because the merit of its first publication may be due to a rival journalist; and thus we shall embalm in our pages the spirit of the press—at once extending the reputation of the various authors, and increasing the value of our own publication.]

DISEASES OF CHILDREN—HYDROCEPHALUS.

The frequency of this disease renders it one of great importance to the practitioner. We select the following case from several published by P. Hennis Green, M.B., and take the opportunity of recommending it to our younger friends, as a model by which they may study the correct mode of noting the progress of a case:—

Headach, constipation, and vomiting at the commencement of the disease; coma on the seventh day, which persists to the termination in death; infiltration of green-coloured serum at the base of the brain.

Leonore Bereille, seven years of age, was brought to the Hospital of Sick Children on the 2d of April, 1834. The child appears to have been endowed with a strong constitution; father and mother both healthy; she had been in Paris for six months only, and enjoyed during that time perfect health. Six days ago she was suddenly seized with headach and vomiting; the latter symptom ceased on the following day, but the headach continued extremely severe; the sight now became feeble, and was even lost at moments. The child,

however, was not compelled to remain in bed, but was able to ascend to the fourth story on the 1st of April. On the morning of the 2d she was seized with alternations of agitation and somnolence, and her answers were somewhat incoherent. —April 3. The child lies in a state of somnolence; the face flushed in spots; returns no answer when spoken to; eyelids closed; pupils dilated, and slightly sensible to the light; abdomen retracted, and free from pain or pressure; no stool since the commencement of the disease; no paralysis or convulsive movements of the limbs, or muscles of face; sensibility of the integuments natural; deglutition not affected; from time to time she emits a slow and inarticulate cry.—Four leeches behind each ear; purgative lavement of senna and mercury; sinapisms to the legs; abstinence from all food.—April 4. Alternations of flushing and paleness; pupils dilated and motionless; the child cannot see; since this morning she grinds the teeth now and then, and the jaws are a little stiff; occasionally contraction of the arms; the sensibility of both sides of the body is still preserved intact; respiration sighing, 24; pulse small, and occasionally intermitting, 120; no stool; urine passed in bed; deglutition somewhat impeded.—Calomel, eight grains; jalap, four grains. Divide into six powders; one every two hours. Sinapisms to the legs; cold evaporating lotion to the head; purgative lavement.—April 5. The grinding of the teeth and coma persist; face constantly pale, but flushes up when the child is moved; pulse excessively rapid, about 180; respiration 68; passed three fluid motions under her in bed, containing two ascarides; the other symptoms are nearly the same; during the afternoon of yesterday a slight bleeding took place from the nose. —Blisters to the calves of the legs. Continue remedies.—April 6. Muscles of the jaw fixed; the extremities rigid, and occasionally convulsed; the sensibility of the skin is now dull; the right eyelid paralysed; complete blindness; pupils dilated; lies in a state of deep coma, pulse 176; respiration 40.—Continue the calomel; administer at once a draught containing ether; cold lotions to the head. A seton was also passed through the back of the neck, but the child gave no signs whatever of being sensible of the pain.—April 7. Same state of profound coma; skin completely insensible when touched; limbs rigid from time to time; pulse and respiration are both extremely rapid. During the day the respiration became interrupted by the rattle of death, and the child sunk early in the night.

Body examined thirty hours after death.

Nervous System.—The vessels of the dura mater are strongly injected; the arachnoid lining the convex surface of the brain is dry, transparent, and, with the pia mater, is easily detached from the nervous matter; the pia mater of this part, though much injected, is free from adherences or infiltration; the lateral ventricles are not dilated, but contain about two ounces of greenish serum; the lower portion of the corpus callosum, the fornix, and central parts of the brain, preserve their normal consistence and appearance; the rest of the nervous matter is also healthy. Between the membranes, at the base of the brain, there is a considerable infiltration of greenish, opaque, serous fluid, which is likewise found between a few of the convolutions on the sides of the hemispheres; but here there is no trace of granulations, nor any adherence of the membranes.—*Respiratory System.* Larynx, trachea, and bronchi healthy. The bronchial glands are tubercular; lungs free from adhesion, but much congested, and contain a few miliary tubercles; a few granulations on the costal pleura of the right side.—*Heart and Pericardium* normal.—*Digestive Apparatus.* Mucous membrane of stomach pale; it is considerably thinned in circular bands, which run perpendicularly to the long axis, and are not far distant from each other. The small intestines contain five or six ascarides, and near the termination of the ileum there is a good deal of injection. The colon appears to be healthy, as also do the other abdominal viscera; not a single tubercle in the mesenteric glands.—*Lancet.*

THE BRITISH MEDICAL ASSOCIATION.

THE third anniversary of this Association was held last Monday at Freemasons' Hall, Dr Webster, president, in the chair. The secretary, Mr Harrison, read the annual report, which contained a gratifying account of the progress and extension of the Association, of the correspondence maintained by its council with various medical establishments throughout the empire, and of the adoption of its principles in various parts of Scotland and Ireland. It then proceeded to announce that at a meeting of the council a report of a sub-committee appointed to take into consideration the preamble and clauses of a bill for carrying into effect a general measure of medical reform for Great Britain, having been discussed at great length, the following were unanimously declared to be the grand principles on which such a bill ought to be founded:—

I. "That it is expedient and necessary to unite all the legally-qualified Members of the Medical Profession of the British Dominions into 'One Faculty,' to be entitled 'The British Faculty of Medicine.'"

II. "That this 'Faculty' shall have the power to elect periodically, by ballot, a Governing Body, to be called 'The General Medical Senate,' consisting of a Senate in London, Edinburgh, and Dublin, to be elected by the respective members of the Faculty in each country."

III. "That these National Senates (of England, Scotland, and Ireland), elected as aforesaid, shall each be subject to the same regulations; and that their Members, or a part of them, shall meet from time to time, to consult together, and act unitedly as 'The General Medical Senate,' in framing and administering all necessary laws for the government and protection of the Faculty."

IV. "That the General Medical Senate, so constituted, shall alone have power and authority to frame, adopt, and promulgate all necessary bye-laws, for—1st, Regulating the said Faculty. 2nd, Defending the respective rights and privileges of the Members. 3rd, Superintending the Medical Police of the country. 4th, Advising her Majesty's Government on all subjects connected with the public health."

V. "That the Members of the Councils or Boards of the several existing Medical Corporate Bodies in England, Scotland, and Ireland, shall be invited to take part in the preliminary steps towards the formation of the first General Medical Senate."

VI. "That all future Candidates for practice in the Healing Art shall be examined by a Board elected under such regulations as the General Senate shall enact for that purpose."

VII. "That an uniform high qualification—the result of an extended course of preliminary and professional education—shall be required of all the Candidates: to be tested by one or more public examinations—theoretical and practical."

VIII. "That all persons examined and recognized by the Senates, and admitted as Members of the Faculty, shall receive the same title or denomination; enjoy equal rights and privileges; and alone have the power to exercise any or all the branches of the Healing Art in any part of the British dominions; subject to such regulations as may or shall be established by the General Senate for the interests, welfare, and respectability of the Profession."

IX. "That no Member of 'the British Faculty of Medicine' shall be permitted to *sell* Drugs, or to compound Medicines, unless prescribed by himself, or by others in consultation with him, and for his own Patient or Patients, except in rural districts and by special license from the Senates."

X. "That Members of the Faculty who may continue or wish to act as General Practitioners, and supply their own Patients with Medicines, shall be authorized to charge for their attendance, in addition to the cost of Medicines so supplied."

XI. "That, in future, all persons purposing to exercise the calling of Chemist and Druggist, or Compounders and Sellers of Medicines (to whom the title of Apothecary shall henceforth be limited), shall undergo a suitable examination before a Board appointed by the General Senate, and be licensed accordingly, exception being made of persons already so engaged."

XII. "That a general and continuous Register of all persons who are now legally practising, or who shall in future be legalized to practise the Healing Art, shall be kept in each of the three Kingdoms, under the direction of their respective Senates; as also of those who are now allowed, or who shall in future be licensed to act as Chemists and Druggists, or Compounders and Sellers of Medicines; and that such general Registers shall be the only great public documents to be referred to, in order to establish the legality of any Medical Practitioner, Chemist and Druggist, or Compounder and Seller of Medicines."

The report was unanimously adopted on the motion of Dr Lynch, seconded by Dr Campbell. Several members then addressed the meeting; after which Mr Farr read an oration, eloquently expatiating on the value of medical science, and concluding with an urgent appeal on the necessity of a thorough reformation of the medical institutions of the country. The following gentlemen were appointed officers for the ensuing year:—Dr Webster, president; Mr Harrison, secretary; and Mr Evans, treasurer: the council, for the most part, remaining as heretofore.

FOUND.—*Our printer's devil—one of those mysterious antiquities in literature—passing a certain hospital a few days ago, saw a stained morsel of paper lying on the steps, and, having a literary taste, picked it up. Like the productions of most* great authors, *it was much scored and corrected, and was written on the back of an out-patient's letter. The paper had*

"*R. Tinct. aurantii*, 2 *oz.*
Syr. ejusdem, 2 *oz.*
Alcoholis, 5 *oz.*
Aquæ puræ, half a pint.
M., ft. haustus pro bono Dresser."

The above had, however, been scratched out, and, in a somewhat tipsy hand, was substituted the following

Parody.

AIR—*The Maid of Llangollen.*

I.

THOUGH queer is my lot,
And *none* my estate,
I see with some envy
The wealthy and great;
But yet I am proud
A *dresser* to be,
For the hospital-surgeon
Smiles SOMETIMES *on me!!!*

II.

My way through the wards
I scornfully make
At the hour when the nurses
The bedding do shake.
I turn up my nose
Whene'er they "*make free,*"
For the hospital-surgeon
At times *speaks to me!!!*

III.

What though I'm a fool,
And would fain be a knave,
My sneaking has got me
The post of a slave;
I will spit out my spleen,
Wherever I may be,
Since the hospital-surgeon
Vents his upon me.

If the writer will call upon our publisher, he may have the original invaluable MS. returned to him, by proving the handwriting.

CRUSADE AGAINST QUACKERY.—Again we ask Dr Fox, late a candidate for the post of Assistant Physician to the London Hospital, whether he ever acted as the colleague of a person calling himself *Sir* Charles Edward Jenkins, *Knight of Malta*, and residing in Great Prescott street? And whether he knows anything of a poor *Dispensary*, dignified by the high title of St John's British *Hospital?* This is the second time of asking.

TO CORRESPONDENTS.

A STUDENT *is right; it is an advantage in small or in private schools, as they have been called, that they recognize no* POLITICAL PARTY. *They exclude all such adjuncts in teaching the noble profession for which they are formed. We have known many cases in country hospitals, and other such institutions, where the politics of the schools, such as the* Radical *University College and the* Tory *King's College, where candidates for the situation of house-surgeon, &c. were educated, were the cause of their losing their elections. But, putting this argument aside altogether, we must again repeat, that the* materiel *of the small schools is generally as good, if not better than that of the large, and—what is also of importance—is much cheaper.*

A. Z.—*The articles on the 'Nervous System' will not suit us, but might gain admission to the 'Gazette.' If sent to that luminary, enclose to* DR DOMIER, *the present man of all work. The proof sheets of the leaders are always submitted to Sir Benjamin.*

DR HAKE *shall assuredly be further attended to in our next. We wish to see his book first.*

DR O. HEMING, *of Sydenham College, we presume, wishes he had as many cases as he promises to the pupils, and wishes also that he could get ten guineas for each private patient. The wish is parent to the puff.*

DR TURNBULL, *of Russell square, is certainly a subject for our dissection. We must, however, have the fullest particulars, and shall be obliged by their transmission by any of our numerous correspondents.*

CHIRURGICUS.—*Dr Elliotson's practice in such a case would have been the internal use of creosote, and the external application of the magnetic poles.*

SIR A. COOPER'S *diagram of the tumour was unintelligible. The baronet is no draughtsman.*

Q.—*Consult 'Paris's Pharmacologia,' or 'Burns's Midwifery.'*

CENSOR'S *information gives us great pain; but, in carrying out the intentions of our work, no consideration shall prevent us from pointing out the consequences of such conduct as that ascribed by* CENSOR *to* HERBERT FAGG, OF ST GEORGE'S HOSPITAL, *and we shall take an early opportunity of dissecting this sweet youth, if he be the person who resides in Victoria grove, Bayswater. We have not space sufficient, nor do we wish to relate* all *we have heard of his propensities, or the peculiar fondness evinced by him for the canine species, and other follies, which prove he made a grand mistake when he commenced the medical profession; he should rather, if he does not improve, turn horse-doctor; his cousin could have employed him much in that capacity. Is it true he is associated with Lane, of Saint George's, in the anatomical department?*

MR WAKLEY'S *career shall be further noticed in our next.*

MR BUTLER'S *letter is received. We can scarcely compare two things without seeing both.*

MR WELLS *will get a note by post.*

CRUSADE AGAINST QUACKERY.—*A correspondent says,—"In Southampton street, Holborn, lives one Jordan, having on his door an immense brass plate, announcing 'Jordan & Co.' This person victimizes her Majesty's liege subjects by selling a mortal mixture, called 'The Cordial Balm of Rakaisiri,' which omnipotent compound is prepared of brandy, cantharides, and cayenne pepper. This admixture is advertised to work a speedy cure in those who may be in the last stage of consumption. What an incorrigible rogue the fellow must be who has had the audacity to assert such a thing." So writes our correspondent, who will oblige us by forwarding further particulars of the quack's movements. If the owner of the house is a respectable man, why allow such a fellow to tenant it? We think a quack doctor's den as vile and infamous as a brothel.*

REPORTERS *wanted, to supply cases occurring at the various hospitals.*

DR CLENDINNING'S *lucubrations on* Morbis Cordis *were, we understand, declined by the editor of the 'Lancet.'*

NERVOUS SYSTEM.—*We shall enter into an examination of the various claims to discoveries in this most interesting branch of medical research.*

J. G. *will perceive we have mentioned the* Medical Miss-sell-any *in another column.*

CHELSEA.—*Terms may easily be settled. Call at our office with copy as soon as convenient.*

Medical Students may obtain 'THE MEDICAL TIMES' *in the neighbourhood of the different Hospitals and Schools of any respectable bookseller; but, to save trouble, the following are agents:—*

Aldersgate street—T. Jones, No. 91.
Gower street North—E. Moore, No. 9.
St Thomas' street—T. Butler and E. Cox.
Prince's street—Churchill.
Great Windmill street—T. Hill, No. 55.
Castle street, Leicester square—H. G. Kesten, No. 46.
Hungerford Arcade—Palser.

THE MEDICAL TIMES.

MORE ADVICE TO STUDENTS.

To the Students who have arrived and who are arriving in town for the purpose of pursuing their medical studies, a few words more in the way of advice and caution cannot but be acceptable. October has always been a time of great interest to that proportion of the medical community, whose principal support arises from fees received for teaching the different branches of medical education; in other respects, this month is a dull and heavy one. Most of the medical men of any eminence are enjoying their *otium cum dignitate* on the continent or elsewhere, in the absence of the feeing part of the public, for whom London has at this time no attractions; and those of any notoriety who cannot afford to leave town, are either making displays of operations in hospitals to the "fresh and green" from the country, or are puffing themselves off in the newspapers, announcing their intention to deliver lectures upon one thing or another.

At every hospital gate and at every dissecting room portal, dressed in their "best bibs and tuckers," are to be seen, with smiling faces and cringing servility, professors and teachers; even the very dissecting room porters are seen to ape their betters, and to cast off that peculiar skulking expression of their dingy countenances which is so characteristic of this class and order of animals.

All these harpies are on the look-out, seeking whom they may entrap. Again then we, 'The Medical Times,' say to you,—Students, be cautious; examine your men accurately; do not be taken by their plausible manners, or the advantages they tell you they can afford you. Recollect that every lecturer in this metropolis, who is recognized by the several medical institutions, comes before you on an equal footing. Never mind the high-sounding title of Professor, neither be taken by his silk gown or his smooth talk; HEAR HIM LECTURE—that is the point; and if you think you can learn more from one lecturer than another, stick to him, that is, if he be recognized. You can learn every branch of your profession in a room ten feet square, as well as in one forty times the dimensions. Indeed, the large wildernesses of lecture rooms which have lately sprung up are very disadvantageous to the student. These modern Babels are rather calculated to produce another confusion of tongues than to make things plain or easy of explanation. Only think of a demonstration of — we were going to say the vidian nerve — but we will be more charitable, and even take the glutæus maximus muscle — only think what idea a student can have of even this large muscle at a distance of twenty or thirty benches from the man who essays to demonstrate it. In such a case it is *vox et preterea nihil*, and sometimes not even the *vox* itself, for that too often *faucibus præfit!*

The same argument will apply to every lecture which requires demonstrations for its elucidation, and what lecture does not? Midwifery, surgery, medicine, chemistry—all require such. Again, then, we are inclined to say,—Select small schools, where your intercourse with the teachers may be of that familiar kind to ensure you their attention. As small schools have few adventitious means of asking your support, their dependence for pupils rests more on the abilities and assiduity of their lectures; and the lecturers, knowing this, are often more active to do their duty.

Again and again repeating—Look to the *materiel*—be in no haste—we conclude our advice with,—*Get your lectures and certificates as cheaply as you can*, but do not depend upon teachers alone; YOUR SUCCESS OR FAILURE IS IN YOURSELVES.

HOSPITAL THEATRICALS.

FAR from us be the task of treating lightly either the feelings of the patient, or the dignity of the practitioner; but in the varied workings of the lucre-love which shades the otherwise fair character of many standing high in the profession, many points—ridiculous, if not worse—display themselves, and invite the comment castigatory.

Among the unworthy means adopted for drawing as many pupils to the net as possible, a very shameful one is the practice of making a show of operations. The knife is flourished in the eyes of the aspirant for medical honours, and blood flows to attract cash to the pockets of the operator. The boast of modern surgery, that operations have become less necessary from the improvements in science, is a dead letter. Students *walk* the hospitals, but they *gallop* after these exhibitions; and accordingly at more than one hospital it appears to be a law that all cases that can in any way be postponed, should be so until the beginning of the new session. Then comes the display, which this year has been quite up to par. Let us take

ST GEORGE'S.

The opening of the season at this theatre was big with events, as, in consequence of the admirable arrangements of the managers, a great display was prepared. As soon as the doors were opened, the rush was very great, and in a few seconds every bench was crowded. The stage was decorated in the usual style with the operating table, garnished by the capital collection of instruments and other "properties," which the present management has secured. After the usual period of suspense had whetted the curiosity and interest of the crowded audience, the performances com-

menced by the entrance of the principal performer—

SIR BENJAMIN BRODIE,

who supported the chief character in a style worthy of his wide-spread reputation; indeed, there were times when, as Sir Benjamin eyed the knife about to be employed, he reminded us forcibly of Kean's personation of *Shylock*. The cast was as follows:

CHIEF OPERATOR - SIR BENJAMIN BRODIE.
HIS LIEUTENANT - CÆSAR HAWKINS.
THIRD OPERATOR - MR BABINGTON.
FOURTH OPERATOR - MR KEATE.
ASSISTANTS, DRESSERS, PHYSICIANS, HOUSE-SURGEONS, NURSES, &c. &c. &c., Messrs WALKER, CUTLER, HOPE, MACLEOD (RODERICK himself,) SEYMOUR, &c. &c.

From this cast of characters much was to be expected, and the event fully justified the anticipation. Business commenced by an

AMPUTATION,

which, having been cleverly performed, was followed by

A SECOND AMPUTATION,

after which the

OPERATION FOR NECROSIS

entranced the "fresh and green;" the whole concluding by the

REMOVAL OF A TUMOUR OF THE EYELID.

Take them all in all, the performers enacted their several parts with much skill and character, and gave general satisfaction. *A good season may be expected.*

NEW MODE OF RESUSCITATION FROM DROWNING.—At the annual meeting of the Bristol Humane Society, the society's silver medal was presented to Dr Fairbrother, of Clifton, for his exertions in recovering a boy who had been under the water in the floating harbour a quarter of an hour, and another quarter of an hour had elapsed before the Doctor could operate upon the body. The most remarkable feature in this case is the new mode by which Dr Fairbrother succeeded in his laudable object; namely, by closing the boy's mouth with his finger, sucking off the foul air from the lungs, through the nostrils, and promoting respiration by pressing on the abdominal muscles on the sides. The usual method is to inflate the lungs, but it is very seldom that persons are recovered by this method if they have been longer than a few minutes under the water.—[REID'S apparatus for removing the carbonic acid gas from the lungs is well adapted to answer the humane purpose. They should be supplied to all stations of the societies for restoring suspended animation.]

PROFESSOR RICHARD QUAIN.—The conduct of this ungrateful brother will be again commented on. The intrigues with Dr WILLIAMS must see the light.

The following Bill has been extensively circulated:—"Charing Cross Hospital.—A few Ladies having commenced a *Penny Subscription* to enable the Committee to extend its benefits to the sick and afflicted, your kind assistance in aid of this object is earnestly requested. Subscriptions received at the Hospital, or at No. 15 Beaufort buildings, Strand."

DISEASE IN AMERICA. — Recent accounts from Canada give a long account of an epidemic now prevailing, and lament the scarcity of medical men. In New Orleans and the Southern Cities of the United States the yellow fever is raging to a fearful extent,—business being partially impeded. The same want of efficient medical assistance is felt there also.

THE COLLEGE OF PHYSICIANS.

THIS nursery of antiquated juveniles has long been notorious for its contemptible trifling with the honour and interests of the profession. Every year furnishes fresh evidence of its meanness, its sordidness, its ineffable conceit; and, above all, its utter incapacity for the functions with which it was invested, not by a willing generation, not by the unanimous voice of its brethren, but by a capricious monarch of old—Henry VIII—and since sanctioned only by the tolerance, or indifference, of a proverbially patient people. This body, forsooth, presumes to sit in judgment on its superiors!—its "fellows," themselves, having had little, if any, really useful, practical instruction—perhaps not even the inclination to take advantage of it when it offered,—bred throughout their lives in monkeries, amid heaps of musty book-lore, and accustomed to regard the drawing-room or the *boudoir* as the grand field, the *summum bonum*, of all medical exertion. The "judgment" of such men is, of course, not worth a moment's thought. No one looks upon them as authorities, or allows himself to be influenced by their dogmatical decisions: nay, there is not one who is compelled to undergo the ordeal of an examination by them, in order to obtain the honourable title of "Licentiate," and to be allowed to practise within five miles of the metropolis, who does not entertain a hearty contempt for the whole crew.

As, however, there are those who, having gone through the required routine of study in London, Dublin, Edinburgh, or Paris, and desiring to practise without fear of molestation, are compelled to submit to their despotic powers,—they must, we suppose, be bowed to, until the progress of enlightened opinion shall have changed the order of things. We therefore deem it our duty to notice a circular put forth by their council last week, exhibiting the extent of the examination to be submitted to by candidates for their diploma. With the questions in anatomy, physiology, and chemistry, contained in this circular,—although they are purely elementary, and such as every tyro ought to be acquainted with,—we are not disposed to find fault; neither do we cavil at the propriety of translating Greek and Latin from ancient medical works. But what we *do* find fault with—what we think deserves the strongest reprobation—is, that this "royal" manufactory of physicians should display such extraordinary meagreness in its questions on *practical medicine*—the most important of all medical knowledge, without which no one can claim to be considered as belonging to the dignified class which it represents. The questions to be put on this head are so insignificant,—so far from implying, however accurately answered, the full possession of all that learning and experience which should distinguish the physician,—to say nothing of the opportunity which their previous publication presents to the candidate to inform himself on the subjects they involve,—that we cannot forbear transcribing them here, for the edification of our readers. They are as follow:—

1. Describe the points of difference between the thermometers of Fahrenheit and Reaumur?
2. Describe the method of preparing antimonii potassio tartras? Explain the changes undergone in the process, and the composition of the crystallized salt?
3. How is liquor arsenitis potassæ prepared? its strength and dose? How may the presence of arsenious acid in animal fluids be detected?
4. Give an account of remittent fever in children.
5. Describe the treatment of dysentery.
6. Describe the treatment of chorea.
7. What are the means for restoring suspended animation by drowning, and what precautions should be adopted in the employment of such means?
8. In what point does the treatment of bronchitis differ from that of pneumonia?

Now, we ask, is this the examination to which a man should be subjected as a test of his fitness as a *physician?* Is a knowledge of the differences between the thermometers of Fahrenheit and Reaumur—the merely chemical process for preparing tartar emetic and arseniate of potassa—the mode of treating remittent fever in children,—dysentery, and chorea—the means by which suspended animation may be restored—or the distinctions of treatment in affections of the lungs and chest—is this the entire extent of knowledge necessary to constitute the physician? Is there nothing higher, nothing more complex and difficult, to which his mind should soar, than what it would be ignorance indeed in the most ordinary shop-boy behind the apothecary's counter not to be fully conversant with? Let the *impartial* reader reply,—Verily, it would seem that the science of the censors and council of this *august* body is but extremely limited. Were they not, the greater number of them, far advanced in their dotage, we would recommend them to recommence the studies which they so precociously abandoned. Supposing, however, that they conducted their examinations even in the most searching manner, these, it must be manifest, would avail nothing in favour of proficiency if the programme of them were published beforehand, seeing the opportunity this would afford for *grinding* and *cramming*.

Such are a portion of the insane proceedings which have shaken the foundations of the "College of Physicians" to its centre, and predict its entire and speedy downfal.

MIDDLESEX HOSPITAL.

OPERATION FOR DISEASE OF THE TESTICLE, BY MR ARNOT; CLINICAL REMARKS BY MR MAYO.

October 5, 1839.—Mr Arnot reclining on the pillow of the table, in the new Operating Theatre, thus addressed the pupils:—

"GENTLEMEN,—The case which we are to-day about to operate upon is one, I believe, of malignant disease of the testicle—of fungus hæmatodes, as it is called. The patient states that about four years ago, without any blow or other previous injury to the part, the testicle began to enlarge, without pain, and that the swelling has gradually increased up to the present time. Now, gentlemen, enlargement of the testicle may be the result of active inflammation in the organ itself—of hydrocele—or of malignant disease. In hydrocele you are perhaps aware the tumour is somewhat translucent, but this is the case only when the fluid contained in it is limpid, or pale in colour; it sometimes happens that it is dark, turbid, of a grumous character, and in that case the translucent appearance being absent, the diagnosis becomes more difficult and uncertain." Charles Young, an unhealthy-looking man about twenty-five, was now led in, and placed upon the operating table. The scrotum was punctured, and a small quantity of grumous fluid discharged. The operation for the removal of the testicle was then performed, and the patient having been removed, Mr Arnot said,—"You have seen, gentlemen, that, after the removal of the testicle, I dissected away a portion of cellular membrane from the scrotum; the fact is, I had made a puncture here before, and the inflammation which followed having caused the testicle to adhere, it became necessary to dissect these portions away." The operator then cut into the interior of the diseased organ, and a quantity of bloody fluid was poured out. Again addressing the class, Mr Arnot observed,—"This turns out to be a case of hæmatocele, and not of malignant disease of the testicle, as I had imagined. Here (pointing to the parts), you observe, are the thickened coats, and you have seen the quantity of bloody fluid discharged; here is the testicle itself free from disease, apparently in a perfectly healthy state. Now the question may be asked—Could I, if I had been previously acquainted with the condition of the parts, have adopted any means to save the testicle? I think not, and that if I had been as well informed of the nature of the disease before the operation as I am now, I should still have advised its removal as the safest plan, and the best for the interest of the patient."

CLINICAL REMARKS ON USE OF IODINE IN VENEREAL ERUPTIONS.—Mr Mayo, advancing to the bed-side of a middle-aged woman in the venereal wards, observed,—"Here, gentlemen, is a case that reads us an important lesson. This

woman came into the hospital covered with venereal pustular eruptions and rupia; the system was saturated with mercury, which had been administered, of course, without any good effect, mercury being a remedy quite inapplicable to this form of the complaint. I administered the iodide of potassium, with decoct. sarsæ., comp., and under this treatment she recovered, and was discharged from the hospital. She returned, however, after some time, again covered with the same disease, and again saturated with mercury; in fact, to such an extent had it been administered, that the patient may have been termed a complete *Hydrarygrate* of *Syphilis*!!! I adopted the iodine treatment, but found the disease exceedingly obstinate; and it was not until I administered the enormous dose of

Iodide of Potassium half a dram, and Iodine one grain,

three times a day, that I was enabled successfully to overcome the disease. She has now recovered and will be discharged from the hospital, but we shall in all probability see her again, iodine having power only to cure the attack, and no influence over a disposition to the disease.

THE GRINDING SYSTEM AND ITS PROFESSORS.

DISSECTION THE FIRST—JOHN STEGGALL, M.D. OF BLOOMSBURY SQUARE.

We remember the day when a young candidate for medical honours blushed at the thought of repairing to a *private* instructor to refresh his memory. We recollect that persons denominated "Grinders" were spoken of in an under-tone; and should a young scape-grace have been so unfortunate as to neglect his studies for the gay allurements of a London life, he had the ingenuity to conceal the disgrace attached to being crammed by a private teacher.

Alas! what a change has come over the professional aspirant for medical diplomas. Not only do physicians and surgeons advertise to grind,—thus offering a premium to idleness and extravagance,—but the victims of vice and folly themselves openly boast of repairing to the Grinders for the necessary amount of knowledge to pass their examinations. It is not an uncommon occurrence to hear one student interrogate a companion thus:—

"I say, Smith, when do you go up to the Hall?"

"Oh," replies the owner of the unique cognomen, "I have been cursed lazy lately; that infernal billiard table—the theatre—and half-and-half have prevented me from going up; but I mean working now;—I am getting ground by Barnes—he is a devilish clever fellow."

"Well," responds his friend, "I swore I would not grind when I came to town, but it saves a great deal of time: I entered to Steggall. I shall go to the College first; d—— the Hall."

"So say I," returns Smith; "curse the Hall. The College is easy enough; the examiners are gentlemen. Well, where are you off to?"

"Oh! me?" cries Lazy the second; "why, I am reading up *Steggall's Manual*. I am going home to-night."

"So am I," responds Lazy the first; "but I must blow a cloud first, and wet my clay with some half-and-half. Let us go to the University Hotel, will you?"

"Oh! curse it, yes," returns his friend. "I got infernally drunk last night, and did not get home until three this morning. I have a splitting head-ache, and a little half-and-half will do me good. Come on."

Such conversations we frequently hear, and need the result be told? The young fellows enter the wretched tavern, and drink and smoke until their intellects become clouded. At such a time they repair to a theatre, from thence to an eating-house, or some place a little more dangerous, and reel homeward, breaking lamps, wrenching knockers, ringing bells, or "flooring" policemen. These feats introduce them to some Dogberry of the nightly watch. These they bribe, or appear before a magistrate in the morning dirty, and with all their feelings laid prostrate by their previous debauch. If these young men are approaching the end of the session, and the "Governor" refuses them any more cash, or, as our heroes call it, "*tin*," some humbler place of amusement is resorted to as being cheaper; and the Eagle, City road, White Conduit House, Bedford Arms, Hampstead road, and the Archery Rooms, New road (all most wretched dens, and conducted by a vile crew), usurp the time which should be spent at lecture, in the library, or the dissecting room. Such are the causes which lead the great majority of medical students to the Steggalls, the Powers, the Barnes, and others. It is in consequence of destructive vices that the *last* five guineas are spent in grinding.

Perhaps among the fraternity of private teachers there is not a more respectable person than the physician whose name heads this article, for he actually holds two diplomas, one from the London College of Physicians, and the other from the Pisa College, in beautiful Italy. There may be causes which justify men of talent and education resorting to the "grinding" system for a subsistence, and we believe that Dr Steggall has *some* excuse for degrading the profession to such uses. The worthy M.D. is kept in countenance by the example of men much more fortunate, if not more talented, than himself. We could mention the names of many persons, and in all probability we shall do so in our future numbers, who grind, but do not advertise their calling.

Dr Steggall graduated at Pisa, and commenced practice with a partner in Hackney, which he left to reside at Smithfield Bars, and to pursue a practice purchased by the advice of Mr Sayer, of Apothecaries' Hall. The doctor found he had a bad bargain, and Sayer promised him "a good turn," which we believe he has frequently performed; for Dr Steggall was introduced to the grinding system by Mr Pereira of the London Hospital, a gentleman of considerable talent, but of haughty carriage. (Alas! this gentleman forgets when he jointly reported cases for the *Lancet*, in conjunction with Mr Coulson. Jonathan was not quite so proud then.) Pereira having risen in the world, he consigned his interest in a grinding book and business to Steggall. The work was entitled, *A Manual for Students preparing for Examination at Apothecaries' Hall. By Jonathan Pereira. Price 5s. Anderson, publisher.*

This book was the groundwork of the "celebrated" manual of Dr Steggall, though perhaps this fact is little known to the present race of students. Dr Steggall emerged from dirty Smithfield, after severe losses in practice, as well as others through his publishers, two of whom failed. We next find the M.D. in Hatton garden, living in a large house, and possessing a tolerable class of "idle loons." It was about this period that he obtained his diploma from the London College, the obtaining of which, we think, was far from the most prudent step of his life; but the handsome little doctor possesses pride, and that fatal quality plunges many a clever man into difficulties. Our hero felt the loss of his practice severely, but he could not recall the false step, and we sincerely hope he has recovered from the shock it gave him.

Dr Steggall now made another move into Bloomsbury square, and commenced as a public lecturer on materia medica and therapeutics, but we believe with questionable success. He has published several books, which he conceives are calculated to benefit the student, but not one work which will preserve his name as a medical writer. The best of his publications is the *Manual for the College*, a book well adapted for the purpose for which it is intended; but little credit is due to this "celebrated grinder" in the composition of that volume—modest Hilles and humble Pereira being joint authors of the work with Steggall.

Much, then, as we deprecate the path chosen by Dr Steggall, yet we are bound to admit that his misfortunes, his large and amiable family, and his limited means, are excuses for a man of considerable ability dedicating the flower of his intellect to an ignoble course. Let us hope that the day is not far distant when the term "Grinding" may only be remembered as a word conveying reproach, and that such men as Dr Steggall and others, possessed of talents and gentlemanly demeanour, may elevate themselves above the necessity of indirectly encouraging idleness and vice among medical students, by relieving them from the penalty which they would otherwise incur.

STUDENT'S CALENDAR.

The registration books at Apothecaries' Hall were opened on Monday last, and will remain open until Wednesday, the 23d instant, from the hours of eleven A.M. to three P.M. for the registration of the entrance to the different classes to be attended during the ensuing winter session.

Students are requested to bring their schedules and tickets, signed by the teachers of their respective classes. They will be admitted to register in the order of the initial letter of their several names:

Monday, Oct. 14.—A. B. C. and D.
Tuesday.—E. F. G. and H.
Wednesday.—I. J. K. L. and M.
Thursday.—N. O. P. and Q.—Operations at St George's, at one.
Friday.—R. S. T. U. and V.—Operations at St Thomas's.
Saturday.—W. X. Y. and Z.—Operations at St Bartholomew's, at one.

We may here add, that on Monday, Tuesday, and Wednesday, the 21st, 22d, and 23d of October, the books will remain open for the accommodation of those gentlemen who have been prevented, by indisposition, from attending on the days appropriated to their respective initials; and each gentleman will be required to produce a certificate of the cause of his absence.

CURIOUS CASE OF DELIRIUM.

Some years ago a farmer of fair character, who resided in an interior town in New England, sold his farm, with an intention of purchasing another in a different town. His mind was naturally of a melancholy cast. Shortly after the sale of his farm, he was induced to believe that he had sold it for less than its value. This persuasion brought on dissatisfaction, and eventually a considerable degree of melancholy. In this situation, one of his neighbours engaged him to inclose a lot of land, with a post and rail fence, which he was to commence making the next day. At the time appointed he went into the field, and began with a beetle and wedges to split the timber, out of which the posts and rails were to be prepared. On finishing his day's work, he put his beetle and wedges into a hollow tree, and went home. Two

of his sons had been at work through the day in a distant part of the same field. On his return, he directed them to get up early the next morning, to assist him in making the fence. In the course of the evening he became delirious, and continued in this situation several years; when his mental powers were suddenly restored. The first question which he asked after the return of his reason was, whether his sons had brought in the beetle and wedges. He appeared to be wholly unconscious of the time that had elapsed from the commencement of his delirium. His sons, apprehensive that any explanations might induce a return of his disease, simply replied that they had been unable to find them. He immediately arose from his bed, went into the field where he had been at work a number of years before, and found the wedges, and the rings of the beetle, where he had left them, the beetle itself having mouldered away. During his delirium, his mind had not been occupied with those subjects with which it was conversant in health.

Mrs. S., an intelligent lady, belonging to a respectable family in the State of New York, some years ago undertook a piece of fine needle-work. She devoted her time to it almost constantly for a number of days. Before she had completed it, she became delirious. In this state, without experiencing any material abatement of her disease, she continued for about seven years, when her reason was suddenly restored. One of the first questions which she asked after her reason returned, related to her needle-work. It is a remarkable fact, that during the long continuance of her delirium, she said nothing, so far as was recollected, about her needle-work, nor concerning any such subjects as usually occupied her attention when in health.

A lady in New England, of a respectable family, was for a considerable period subject to paroxysms of delirium. These paroxysms came on instantaneously, and after continuing an indefinite time, went off as suddenly, leaving her mind perfectly rational. It often happened that when she was engaged in rational and interesting conversation, she would stop short in the midst of it, become in a moment entirely delirious, and commence a conversation on some other subject, not having the remotest connexion with the previous one, nor would she advert to that during her delirium. When she became rational again, she would pursue the same conversation, in which she had been engaged during the lucid interval, beginning where she had left off. To such a degree was this carried, that she would complete an unfinished story or sentence, or even an unfinished word. When her next delirious paroxysm came on, she would continue the conversation which she had been pursuing in her preceding paroxysm; so that she appeared as a person might be supposed to do, who had two souls, each occasionally dormant, and occasionally active, and utterly ignorant of what the other was doing.—*Silliman's Journal of Science.*

[The knowledge of the first of the above cases (says Mr. Dwight, who communicated them to Professor Silliman), I derived in 1802, from a gentleman and a lady, both inhabitants of the town where the person whose case is detailed lived; the third I obtained in 1802 from the same lady; and the second in 1802, from a lady, a near relative of Mrs. S. When the facts were communicated to me, I immediately committed them to writing, and to avoid mistakes, read what I had written to the persons communicating them.]

REVIEWS.

THE MEDICAL MISCELLANY.

If we were not already assured of the brilliant talents which the proprietors and publishers of the 'Medical Miscellany' have secured to themselves in the person of "Professor" Hilles, we should be at no loss in ascertaining the fact by a perusal of the first number of this *medico-popular abortion.* The work, with characteristic and unblushing effrontery, puffs Mr Hilles and his grinding books whenever an opportunity offers. That the public may know what they are solicited to buy, we have taken the trouble to select and mark the places where Mr Hilles is puffed. On the wrapper we find a recommendatory notice of a Manual for the College of Surgeons, by Messrs Steggall and HILLES! On the other side of the same cover we find Mr HILLES!! on *Anatomy* and *Physiology*, and Mr HILLES!!! on *Demonstrations.* Next we have Mr HILLES!!!! with vacancies for two house pupils; then Mr HILLES!!!!! and the *British Dissector.* Further, at page 2, we find Mr HILLES!!!!!! telling us (being himself the editor) that he "*is a general favourite amongst his pupils;* (the SWEET FELLOW!) "*he possesses a peculiar method of imparting information, and is considered one of the most successful teachers of his day.*" (MODEST Mr HILLES!) At page 7, the QUIDNUNC in his advice to students says, "*Inquire particularly as to the characters of the anatomical teachers,*" which is exquisite in its way after editor Hilles had spoken so magniloquently of his own abilities, &c. &c. at page 2. But in a note to page 8, is the following:—"*To a student about going up for examination, we* (WE!) *can* SAFELY *recommend Dr Steggall's Manual for the College,*" and this disinterested advice is signed AMICUS. Good students, Amicus! is "a friend" in wolf's clothing. The advertisement says a Manual by STEGGALL and HILLES. The note says STEGGALL'S Manual *only.* Who now, gentle reader, is this AMICUS? We may perhaps return to this subject next week, as it presents us with excellent examples of the medical puff in all shapes, a species of surreptitious quackery which we shall use all our energies to crush. For the present, modest Mr Hilles, *adieu!* but before parting, accept a morsel of advice from one who knows you only by your own puffs; here it is. Go not quite so fast, or you will become *notorious* before you are *renowned.* In striving too fiercely for the character of a scientific surgeon, see you do not gain that of quack.

But for the barefaced, sign-post puffery of this most modest editor, the 'Medical Miscellany' would never have found notice in our columns. The articles strain hard to achieve the point of mediocrity—but fail. The verses are in the worst amateur-album-style—pointless, witless, worthless.

On Deafness; its Causes, Prevention, and Cure. By JOHN STEVENSON, Esq., M.R.C.S. Fifth Edition. HIGHLEY. Pp. 141.

At a comparatively recent period the diseases of the ear were scarcely understood by the most eminent of the profession, and were regarded by the majority as entirely beyond the control of chirurgical skill. To Morgagni and Scarpa much credit is due for the light their researches extended to the subject of the structure of the auditory apparatus—more especially the labours of the latter, who first described with any degree of accuracy the parts composing the labyrinth, particularly the semi-circular canals. Since these anatomists, several industrious inquirers have extended their researches on the pathology of the ear, and to Germany and France a portion of the praise is due. Mr Stevenson, whose name has now for some time been before the public, commences with a description of the Anatomical Structure of the Ear; he then gives a chapter on the important subject of Sound in reference to the Sense of Hearing; after which commences an account of the Diseases of the Ear in its various parts—first externally, the auricle, meatus externus, fungous excrescences—next of derangements of the middle cavity, with description of appearances and treatment of puriform discharge from the tympanum and obstruction of the Eustachian tube—and lastly, diseases of the labyrinth, nervous deafness, its general and local causes—concluding this very compact volume with a concise recapitulation of the various important points discussed in it.

WORKS RECEIVED FOR REVIEW.

'Medico-Chirurgical Review,' October 1839. Edited by JAMES JOHNSON, M.D., and H. J. JOHNSON, Esq. HIGHLEY.

'The Unity of Disease.' By S. DICKSON, M.D. SIMPKIN and MARSHALL.

'Exposition of Quackery and Imposture in Medicine.' By the Author of 'The Philosophy of Living.' With Notes by W. WRIGHT, Esq., Surgeon Aurist. HODSON.

'Advice to the Deaf; comprising also Useful Information for the Professional World.' By a SURGEON AURIST. HODSON.

'Elliottson's Lectures,' edited by Drs COOKE and THOMPSON. MOORE, Gower street.

'Londres Ancien et Moderne, ou Recherches sur l'état Physique et Social de cette Métropole. Par A. M. BUREAUD-RIOFREY. BAILLERE.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

NAVAL.—T. R. Dunn, to be Superintendent to convict ship *Augusta Jessie*, to take convicts from Dublin to Sydney.

NAVAL PROMOTIONS IN THE LAST QUARTER.—SURGEONS—Jno. M'Ibroy, M.D.; Edward Newman, M.D.; Anthony Yeoman; Samuel Browne.

ASSIST.-SURGEONS.—John Davidson, Andrew Lillie, Thomas Denvir, Thomas Hart, Eustace James Walsh.

CHICHESTER INFIRMARY.—A well-qualified Student to DISPENSE. Board, lodging, and practice of Infirmary is the only remuneration offered.

WIGAN DISPENSARY.—An Assist.-Surgeon is wanted to the above Institution. Salary, 40*l.* Apply to the Committee.

MILITARY.—1st Foot: Assist.-Surg. C. Brewster, from 98th Foot, to be Assist.-Surg. 7th Foot: J. Mure, M.D., to be Assist.-Surg. 25th Foot: D. D. M'C. M'Donald, to be Assist.-Surg. 61st Foot: F. C. Annesley, from the Staff, to be Assist.-Surg., vice Molyneux, deceased; Assist. Surg. E. Adolphus, M.D., from the Staff, to be Assist.-Surg., vice Brewster, appointed to 1st Foot.

HOSPITAL STAFF.—To be Assist.-Surgeons to the Forces: J. Newton, vice G. Lamont, who retires on half-pay; G. L. Grant, vice Buchanan, deceased; J. W. Chambers, M.D., vice Adolphus, appointed to 98th Foot.

INDIAN NEWS.—CALCUTTA.—Hospital Staff: Assist.-Surg. J. Ferguson, from the 44th Foot, to be Assist.-Surg. to the Forces, vice Huston, promoted to the 22d Foot. 44th Footh: J. Monat, Gent., to be Assist.-Surg., vice Ferguson, appointed to the Staff. Surgeon T. E. Dempster is removed from the 4th Batt. Art., and posted to the 61st N 1; Surgeon G. G. Brown, M.D. (new promotion) posted to the 4th Batt. Art. The following as Assist.-Surgeons: Mr Duncan Macrae, Mr Alex. C. Macrae.

MADRAS.—Assist.-Surg. M. F. Anderson, posted to the 44th.

DEATH.—17th, Dr C. S. W. F. Hunter, of H. M.'s 4th Regt.

A. B. Toulmin, M.D., M.R.C., is a candidate for the post of Physician-Accoucheur to Middlesex Hospital, vacant by the death of Dr Sweatman.

It is whispered that a celebrated M.P. is the author of the new play, announced for repetition at the County Theatre, entitled *Gambols in the Grave-yard; or the Coroner and the Constables.*

SIR JAMES CLARK has sent a long statement of the Lady Flora Hastings affair to the daily papers. We may perhaps make it the subject of comment next week.

"Medical Gossip"—"Abernethy's Courtship" and "How to get into Practice"—delayed for a week by more important matter

GATHERINGS from GRAVE YARDS, particularly those of London. With a concise History of the Modes of Interment among different Nations, from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of Inhuming the Dead in the midst of the Living. By G. A. WALKER, Surgeon.

——————And who would lay
His body in the city burial-place,
To be thrown up again by some rude sexton,
And yield its narrow house another tenant,
Ere the moist flesh had mingled with the dust,
Ere the tenacious hair had left the scalp,
Exposed to insult lewd, and wantonness?
No, I will lay me in the village ground;
There are the dead respected. H. K. White.

London: Messrs Longman and Company, Paternoster row.

UNIVERSITY COLLEGE.

This day is Published, in One very large 8vo. volume, cloth, lettered, containing upwards of 1150 closely printed pages, price 1l. 2s.

THE PRINCIPLES and PRACTICE of MEDICINE, founded on an extensive experience both in public Hospitals and in private Practice, and as developed in a Course of Lectures at University College, London; by JOHN ELLIOTSON, M.D., Cantab. F.R.S., late Professor of the Principles and Practice of Medicine, Senior Physician to the North London Hospital; with Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

London:—Printed for Joseph Butler, Medical Bookseller and Publisher, 4 St Thomas's street, Southwark.

Just Published,
NEW WORK ON PHRENOLOGY.

A CHALLENGE to PHRENOLOGISTS; or, PHRENOLOGY TESTED by REASON and FACTS. By A. M., of the Middle Temple. Foolscap, 8vo., 5s. cloth.

Also,

A FEW MINUTES' ADVICE to DEAF PERSONS; comprising useful Information for the Professional World: being an Exposition of the Practice of Deleau, Kramer, and their Imitators in England and America; the Treatment pursued by Aurists, Specifics, Popular Remedies, "Voice Conductors," &c. By a SURGEON AURIST of nearly 30 years' extensive Practical Experience, Lecturer on the Anatomy, Physiology, and Pathology of the Ear. Foolscap 8vo., 3s. 6d. cloth.

London: James S. Hodson, at the Depot for American Literature, 112 Fleet street.

No. 9 Gower street North, University College.

MEDICAL STUDENTS, buy your CLASS BOOKS at F. MOORE'S, Bookseller.

DR. ELLIOTSON.—LECTURES on the PRINCIPLES and PRACTICE of MEDICINE, delivered in University College. By JOHN ELLIOTSON, M.D., Cantab. F.R.S., late Professor of Medicine in that College. Edited by Drs COOKE and THOMPSON.

These Lectures were taken in short-hand, and are a faithful transcript of the learned Physician's extensive practice. They are offered at 10s. 6d. 750 pages, closely but clearly printed in 8vo., with entirely new type. Gentlemen having Parts I and II may return them if they do not intend completing the volume. Parts at 1s. each. Eight complete the Work.

"We understand that Dr Williams will follow the admirable arrangement of Professor Elliotson, therefore these Lectures will be invaluable to the Students of University College. It is certainly the best practice of Physic extant. We speak not of theory, but of real practical information. We strenuously recommend the Work to all who feel interested in the advancement of practical Medicine." —Medical Gazette, May 25, 1839.

A MANUAL for the EXCLUSIVE USE of MEDICAL STUDENTS, being Three Years of a Medical Student's Life in London. By MEDICULUS. Price 1s. 6d.

"A happy hit, full of wit, humour, shrewdness, and we are compelled to say, TRUTH. The life of a young Esculapius, from the hour of his apprenticeship to the eve of his examinations at the College and Hall. Evidently written by a sly, downy spark."—Oxford Herald.

"What a capital slap at the Hall! The precious magnates have a fine list of questions to put to the candidates, if they ask these inserted in this book. Well, we think they do put questions fully as absurd. We think some of these might have been a little more delicate. We understand the author was the successful competitor for the gold medal at Bartholomew's, although a first year's pupil." —Lancet.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

COURSES of PRIVATE CATECHETICAL INSTRUCTION, with the aid of *recent Dissections and Surgical Operations upon the Dead Body*, will be continued, as usual, during the ensuing winter, by Mr DERMOTT, whereby gentlemen are qualified to pass their examinations.

Pupils entering the above Private Instruction are allowed to attend Mr D.'s Public Lectures on Anatomy, Physiology, and Surgery, also the Demonstrations and the Dissections (recognized by all the Medical Boards), and to receive certificates of such attendance, gratuitously, without extra fee.

HOUSE PUPILS received, who have extra Instruction and advantages.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is Engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	3s. 0d.
Large	1s. 6d.	5s. 0d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels	0	17	0
Middle Size, „ 1,139 „	1	5	0
Large Size, „ 833 „	1	14	0
The Three Sizes in One Book, containing 3,008 Labels	3	10	0

CATALOGUES GRATIS.
Engraving and Printing of every Description.

WINTER LECTURES.—ANATOMY, PHYSIOLOGY, and SURGERY.—Mr DERMOTT, whose Lectures have been recognized by all the Medical Boards since 1832, commenced his Winter Courses on ANATOMY, PHYSIOLOGY, and SURGERY—his Demonstrations and Dissections, Wednesday, October 2nd, at 8 P.M. Perpetual to all, Ten Guineas. House Pupils have an uninterrupted supply of Dissection, and extra Private Instruction, besides other advantages. The lecture-room and residence within eight minutes' walk of the North London Hospital.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

*** Mr D.'s Series of Anatomical-Chirurgical Plates will be completed in a short time; all applications respecting them must be made to Mr D.

NORTH LONDON SCHOOL of MEDICINE, 20, Charlotte street, Bedford square, Bloomsbury, within a few minutes' walk of the Middlesex, St Bartholomew, Charing cross, University, and King's College Hospitals.

ANATOMY and PHYSIOLOGY; Dr VALENTINE FLOOD. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 7l. 7.; perpetual to practical and descriptive anatomy, if entered to at once, 12l. 12s.

DESCRIPTIVE ANATOMY; Dr FLOOD, Mr LUCAS, Mr DUFFY, and Mr OBRE. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 7l. 7s.

CHEMISTRY; Mr H. LEWIS, B.A., Cantab. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.

MATERIA MEDICA and PHARMACY; Dr G. A. F. WILKS. Entire session, 4l. 4s.; half session, 2l. 2s.; perpetual, 5l. 5s.

PRINCIPLES and PRACTICE of MEDICINE; Dr RYAN. One session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.

PRINCIPLES and PRACTICE of SURGERY; Mr P. BENNET LUCAS. Session, 5l. 5s. Half session, 3l. 3s.; perpetual, 6l. 6s.

MIDWIFERY and DISEASES of WOMEN and CHILDREN; RYAN and Mr RAWLINS. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.; perpetual to medicine and midwifery, if entered to at once, 11l. 11s.

Summer Session.

BOTANY; Dr WILKS. Entire session, 2l. 2s.; perpetual, 3l. 3s.

MEDICAL JURISPRUDENCE; Dr VENABLES. One course, 2l. 2s.; perpetual, 3l. 3s.

THERAPEUTICS; Dr KLEIN GRANT.

PRACTICAL CHEMISTRY; Mr LEWIS. One course, 2l. 10s.

CLINICAL MEDICINE; Dr Ryan and Dr WILKS.

Metropolitan Free Hospital, daily at one, P.M. Perpetual Fee to all requisite Lectures, 40l. One of the dissecting-rooms will be lighted with gas, as usual, until ten, P.M.

For further particulars apply at the School, or at the residences of the respective Lecturers.

G. A. F. WILKS, Hon. Sec.

SKELETON SKULLS and other ANATOMICAL PREPARATIONS.—A LARGE COLLECTION, which was worth, on the 30th September last, above 1000l.

A. ALEXANDRE, Foreign Bookseller, 37 GREAT RUSSELL STREET, BLOOMSBURY, begs to acquaint the Medical Students, that having been very successful this year in increasing his Collection of ANATOMICAL PREPARATIONS, begs to offer to them, at very Reduced Prices, some articles at 25, 40, and 50 per cent. lower than in any previous year, when he could get only a scanty supply.

First and second rate Skeletons, all warranted from the same subject, all very white, well marked, and bleached on the grass, without any acid.

Kept always ready for sale, about 15 articulated Skeletons.
Separated Skulls among them, some are as low as 5s.
All kind of loose Bones.

FRENCH WORKS.

Bichat Anatomie Générale.
Bourgery Anatomie, large plates in fol.
Cruveilhier Anatomie, 2 vols. 8vo.
Beclard Anatomie Générale, 8vo.
Cloquet Anatomie, 340 plates, 82 vols., offered at 8l. 10s. half bound; published at 12l. 10s.

MEDICAL SHOP FIXTURES, GLASS, &c. &c.

SURGEONS, CHEMISTS, and DRUGGISTS can be supplied with every article necessary for the Entire Fittings of Surgeries or Shops, on the lowest possible terms. Plans and Estimates given for the Entire Fittings of the above, in town or country, at A. J. BRUCE'S Warehouse, 24, St Mary Axe, Leadenhall street.

Stocks and Fixtures valued.

IMPORTANT to the MEDICAL PROFESSION.—COMFORT WITHOUT RISK.—THE NEW WATERPROOF CODRINGTON FROCKS are a most respectable and gentlemanly Garment, completely impervious to Rain, without offering any obstruction to the free escape of Perspiration. They are already in extensive use, and the great and increasing demand for them, occasioned by the recommendation of those who have long tried them, is the best proof of their efficiency and approval. Every other description of VENTILATING Waterproof Clothing, also made by W. BERDOE, who first introduced this invention to the Public, and is convinced that the Process of the British Waterproofing Company is the best.

W. B. has fitted up a SHOW ROOM for Waterproof Clothing, and keeps a great variety of Waterproof Frocks, Cloaks, Capes, Leggings, &c., made suitable for all climates and purposes.

First-rate Clothing of every description made to order, by WALTER BERDOE, Tailor, 69 Cornhill.

GENTLEMEN'S CLOTHES, at REDUCED PRICES.
W. WELSFORD, 146 Leadenhall street.

A Fashionable Coat, Fancy Waistcoat, and Trousers	£4	0	0	to 5	0	0
Handsome Coats, lined with Silk, fashionably made	3	3	0			
Fine Cloth Waterproof Great Coats	3	3	0	— 4	0	0
Double-breasted Swansdown or Valencia Waistcoats	0	10	0			
Fine Double-breasted Swansdown or Valencia Waistcoats	0	12	0	— 0	16	0
Stout Buckskin Trousers	0	16	6			
Superfine Cassimere Trousers	0	18	0	— 1	6	0
Fine Cassimere Trousers	1	4	0	— 1	8	0
Warm Great Coats for Travelling	2	2	0	— 3	0	0
Cloaks of all Descriptions	1	5	0	— 3	0	0
Camlet Boat Cloaks, Cape and Sleeves lined	2	0	0	— 2	10	0
Satin Waistcoats, newest patterns	1	0	0	— 1	10	0
Rich Silk Velvet Waistcoats	1	4	0	— 1	10	0
Young Gentlemen's Jackets, Waistcoats, and Trousers, lined	2	5	0	— 2	15	0
Pilot Coat, Velvet Collar, bound and lined	1	4	0	— 2	15	0
A Suit of Livery	3	18	0	— 4	10	0

Three Suits per Year 12l.—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large Assortment of Ready-made Clothes.

OSTEOLOGICAL REPOSITORY.
45 Museum street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Banchène.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40l.
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45 Museum street, Bloomsbury.

THE DOMESTIC MACHINE, Invented by J. READ in the year 1820, and presented by Sir W. Blizard to the Royal College of Surgeons, was universally approved of as the best instrument of the kind ever offered to the Public. During 14 years' experience J. R. discovered an important improvement, for which in the year 1833 he obtained patents for the United Kingdom. This improvement has induced many unprincipled adventurers to make and sell instruments, direct copies of Read's patent, which are now circulated throughout the Kingdom, and are a gross fraud upon the Public and an injury to the Patentee, who has been reluctantly compelled to institute legal proceedings to restrain their sale, and to caution the public against the consequences. The genuine instruments are fitted with flexible tubes very superior to any hitherto made, and will stand the test of any chemicals, or the hottest climates.—Manufactured and sold by the Patentee, 35 Regent circus, London; and also by Mr PEPYS, Poultry; where they may be seen and proved. None are genuine except stamped with the words "Read's Patent."

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0	for Ladies.
Ditto, double joints	2	5	0	for Gentlemen.
Ditto, standard silver	0	15	0	for Ladies.
Ditto, double joints	0	16	6	for Gentlemen.
Ditto, finest blue steel frame	0	15	0	for Ladies.
Ditto, ditto, double joints	0	16	6	for Gentlemen.
Ditto, tortoiseshell frame	0	10	0	for Ladies.
Ditto, best black buffalo horn	0	7	6	for Ladies.
Ditto, strong steel frame	0	7	6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 10s.
GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pedlment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from 3l. 10s. to	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

POST MORTEMS.—On Wednesday a jury (Mr Baker, Coroner), passed a vote of censure on Mr Story, surgeon, Mile-end road, for unnecessarily wounding the feelings of the widow and family of the deceased by opening the head." [What next?]

OBITUARY.—At Sydney, Francis Moran, Esq. M.D., formerly of the 48th Regt. At Cheltenham, John Chichester, Esq. M.D., aged 74. Sir Andrew Halliday, M.D., F.R.S., late Inspector-General of Hospitals West Indies. —"His whole life has been an active one: he served on the Staff both in Portugal and Spain; was at the assault at Bergen op-Zoom, and at the Battle of Waterloo—a good scholar and a skilful physician; he was an ornament to his profession. His 'History of the House of Hanover,' and also his work on the 'West Indies,' prove his right to the reputation of an author; while his friends are the witnesses of his worth as a man."—*Times*. Robt. Bree, M.D., F.R.S., of Park square, Regent's park.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 4. Vol. 1. LONDON, SATURDAY, OCTOBER 19, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 421 OXFORD STREET

MEDICAL PORTRAITS.

PROFESSOR WILLIAMS, OF UNIVERSITY COLLEGE.

We not unfrequently see in actual life most striking verifications of the poet's assertion,

—— "Some are born great,
Some achieve greatness,
And some have greatness thrust upon them."

Of the last of these classes of "great" men the subject of our sketch this week affords a fine specimen. Total obscurity enwraps his career up to a recent period, when he had the good fortune to come in contact with Sir Benjamin Brodie. No splendid exhibition of talent,—no bright manifestation of superior usefulness,—no general reputation gained by public services,—no literary fame,—not even superficial notoriety, but simple, unmistakeable, and deserved obscurity was the fate of Doctor Williams until a number of accidental circumstances raised him suddenly and unexpectedly to the prominent position he now fills.

Sir Benjamin Brodie's talents and triumphs as Jobber-General we may take another opportunity of enlarging upon, not forgetting the jockeying which shelved Lane in favour of Cutler in the contest for the post of Assistant-Surgeon at St George's, after Lane, under Brodie's patronage, had expended some thousands upon his theatre. But our present purpose is with Sir Benjamin's last job, the working with Richard Quain to fill the chair of medicine at University College. Dr Hope, of St George's, a favourite *protegé* of Brodie's, accuses Dr Williams of robbing him of the results of his experiments on a certain donkey. Williams accuses Hope in like manner, and Sir Benjamin Brodie, being appealed to, assures each that he is right, and gains from both the soubriquet of Mr Serjeant Eithersides. Hereupon Brodie determines upon getting rid of Williams, who having begged, bought, and borrowed some votes, was a candidate for the post of Assistant-Physician to St George's. This appointment was put down by the master of the hospital for another person, Nairne, a new *protegé*, and, Dr Elliottson having made a vacancy in Gower street, Brodie promised Williams the Professorship if he would give up his pretensions to the Assistant-Physicianship. No bad exchange. Dr Williams well knew the power of the Baronet, and that he, in conjunction with Quain, would put in who they liked. The advertisements for candidates stated that the testimonials were to be sent in before the 31st of May. Dr Williams, a candidate in the first onset, had withdrawn his, and they were *not sent in again by the thirty-first*; but this did not matter. Brodie and Quain met and the affair was arranged, the more easily as Quain was determined not to have a liberal, straightforward man, who might insist, on other occasions, upon carrying out the ostensible object of the liberal party by whom the College was raised, in electing the ablest and best man to any vacancy. He looked upon Dr Williams as a pliant, easy creature, who would not be able to interfere with his dominion over the medical faculty, and less likely to join with the bitter Anthony Todd Thomson,—of whom Quain is rather afraid,—but for peace-sake would go with the quiet, gentlemanly Samuel Cooper, the clever Sharpey, and Antediluvian Davis, and so leave the intriguer's power undisturbed. *En passant*, we trust Dr Williams will teach him his mistake. Quain and Brodie having made up their minds, the rest was easy. The man who had disposed of the chairs of Anatomy, Chemistry, and Physiology, worked the oracle, and he adds Medicine to the number; and not only does he fill it with an obscure, unknown man, to the exclusion of others of at least equal skill, and possessing reputation to boot, but he outrages the etiquette of the profession by placing the name of his nominee before those of physicians previously attached to the hospital, and they accordingly stand,—despite of the ordinary rules of the profession—"Dr Williams, Dr A. T. Thomson, Dr Carswell." Why does Anthony Todd allow this? This is the true and faithful *history* of the only passage in Dr Williams's career which is worth recording.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

II. INFLAMMATION—CONTINUED.

Gentlemen,—We next come to inquire how the changes that I have mentioned in an inflamed part can be explained. It is very apparent, I think, from the circumstances already mentioned, that there is an increased quantity of blood sent to the part, and, also, that there is a greater quantity than natural circulating through it. The increased action or throbbing of the organ, locally; the visible distention of the great venous trunks; the fulness of the small vessels, which is proved by the redness, and the general congestion which we find in all the tissues of the inflamed part, sufficiently prove that there is an increased quantity of blood sent to it. On examination, we find that all the parts, all the textures of the inflamed member, are preternaturally red; they seem to contain a greater quantity of blood-vessels, and these of greater size than natural. This inference is corroborated by an experiment which Mr John Hunter made on the ear of a rabbit; he excited inflammation of the part, and when it was fully developed, he killed the animal, and injected the arteries of the head; he found that, in the inflamed ear, the vessels were much larger in size and considerably greater in number than in the opposite ear. These circumstances prove, then, that there is an increased quantity of blood sent to the inflamed part; but it does not follow from this that there is a larger quantity circulating through it. A greater quantity of blood might be sent to the inflamed part, and yet be prevented from passing through it. This is a notion that has been entertained by some pathologists who have attempted to defend it, but there are other circumstances which, to my mind, prove very clearly that there is not only a larger quantity sent to the part, but actually circulated through it. In the first place, if you make an incision into an inflamed part, you find a larger quantity of blood flows from it than from one that is sound. The phenomena of phlegmonous erysipelas prove this. If you perform an operation on an inflamed part (which you ought not to do), or in its immediate neighbourhood, you find a much greater number of vessels bleeding so as to require attention, than if you were cutting into a sound texture. The state of fulness in the vessels is a sufficient proof to me that a larger quantity of blood is circulated through them than in the natural state. If there were merely a larger quantity sent to the part, and it remained stagnant, you would not have the vessels distended; but if the hand and the fore-arm are inflamed, you will be struck with the considerable distention of the vessels. In such cases I have tried this experiment:—it being necessary to bleed an individual, in a case where the hand and forearm were inflamed, I had an opening made in each arm, and I found that within the same space of time, dividing the veins at the same moment, about three times more blood flowed from the vessel of the inflamed limb than from those of the sound side. This experiment I have repeated in several instances, and have always found the same result; so that I can have no hesitation in asserting that, in an inflamed part, there is both a larger quantity of blood sent to it, and a larger quantity circulating through it. Our general views of the subject, then, lead us to regard the phenomena of inflammation—that is, the changes which occur in the part itself, and constitute the local symptoms—as dependent upon an increased activity in the circulating system of the part. The redness and preternatural heat are obviously accounted for on the same principles. Both depend upon the increased quantity of blood in the part. The heat of the body certainly depends, in a great measure, on the peculiar change on the blood effected in the lungs; and when a larger supply of it is sent to a part, from whatever cause, it obviously follows that the temperature must thereby be increased. In conformity with this view, you find, as I have already intimated, that the temperature of the part never rises above that of the blood. The swelling is to be accounted for partly by the turgescence occasioned by the general distention of the blood-vessels, and partly by the interstitial depositions to which I have already alluded; and the pain will be readily explained by the circumstance of the nerves participating with the other textures in the vascular disturbance. It has been a disputed point whether the pressure of the turgid vessels upon the nerves caused the pain, or the *irritation* of the nerves gave rise to the vascular turgidity: it is a question of little moment, and which scarcely admits of a positive answer.

With respect to the general symptoms, they are to be regarded as sympathetic effects, produced by the inflamed part on the several portions of the economy in which they occur; and here we see that the local disturbances act equally on the vascular and nervous systems as on those of digestion and secretion. Another view (and some of the phenomena would seem to justify the idea) is, that the sanguiferous system is, in the first instance, disturbed in consequence of the disorder in the vessels of the inflamed part being communicated to the rest of the vascular system, and thus producing the derangements in the secretive, digestive, and other systems. Both these explanations of

the phenomena have been offered. Having gone through these general views of the state called inflammation, and of the mode in which its obvious phenomena are to be explained, a further question arises respecting what has been called *the theory of inflammation*—that is, an attempt to determine the exact state of the minute vessels of the part which produces the different changes above-mentioned. Now, inflammation is so important a circumstance in the consideration of disease; so very large a portion of all the complaints that we have to treat is of this nature, and the phenomena that accompany it are so striking, that you will not be surprised to learn that great attention has been paid to it, and many efforts made to trace the affection to its source. I am sorry to say that these have hitherto been unsuccessful. All that we can say of the seat of inflammation is, that there exists an increased activity of the vessels in the part; yet not a state of increased activity merely, but increased activity altered in its mode. In what that alteration consists we are unable to determine. It is not simply a state of increased activity, because if the vascular system of the hand were increased in its ordinary action, it might occasion increase in the bulk, but would not produce inflammation. There is an increase of activity, with a great deviation from the normal or healthy state; but we are not able to point out exactly in what the alteration consists. I have adverted to attempts that have been made to explain this on the principle of obstruction in the vessels. The idea of Boerhaave was, that the blood got into certain vessels, and could not pass through them: hence his notion of what he called *error loci*. The opinion of Cullen was, that a spasm took place in the vessels, which prevented the blood from being readily transmitted; this he supposed to be the state of the minute vessels while the action of those leading to them was increased. Others have conjectured that quite a different condition of the minute vessels was present—namely, a want of tone, or what was called *atony*. All these, however, seem to be nothing better than fanciful ideas—not grounded upon an acquaintance with disease. A great many inquirers have armed themselves with microscopes, and they have then excited the circulation in the skin of a transparent part, where the passage of the blood could be seen; in fact, they have attempted to create inflammation artificially, and to note the phenomena produced. But we may observe generally in regard to these investigations, that the different experimentalists have arrived at the most opposite conclusions: some have supposed inflammation to arise from increased activity of the vessels, and increased transmission of the blood; others, again, that there is an atony of the vessels, and obstruction to the passage of their contents. These contradictory results are equally said to have been deduced from direct observation by microscopic inquiry; we, therefore, can place little reliance on statements of this kind; and I must say, that so far as I know, investigations of this nature have not afforded us any real information on the subject of inflammation. We can see that inflammation has its seat in the vessels of the part, and this disordered action resides in the same vessels which carry on the healthy functions, the natural processes of secretion and excretion, and which perform all the active business of the animal economy in a healthy state. Now I may observe, that we do not at present understand what the modifications are in the actions of those vessels which produce the various results we witness in the different organs of the body: we do not know, for example, how it happens that the capillary vessels of one part deposit the substance of muscles; those of another part the substance of bone; of another, of fat; and so on. And as we cannot yet tell what the difference is in the minute vessels that give rise to such remarkable differences in the healthy products of their action, so we need not be surprised that we are not able to determine exactly in what the disturbance consists which constitutes the diseased state of inflammation.

I alluded to the fact, that the vessels in an inflamed part, when examined after death, were found so much filled with blood as to make it appear that they were actually more numerous. Now, I should have entered rather more particularly on that occasion into a consideration of the appearances which inflamed parts generally exhibit after death. Under such circumstances, we find that all the textures are preternaturally red, and that the number of blood-vessels in the part seems to have increased, while they are all turgid with blood:—at the same time intersticial deposition is observed to have taken place in the structures generally.

When we come to examine the parts, they appear firmer than natural, notwithstanding which we find that they are more easily lacerated, and more readily give way under the application of any force, so that, in point of fact, the effect of the inflammatory process is to diminish the natural cohesion or firmness of the part affected; and this is found to be the general result of the disease taken in its active period. This particular result is often seen in the brain, where a very peculiar softening takes place, described by the French under the name *ramollissement*—a softening which was originally observed without any reference to the cause which produced it. This result had been noticed by various pathologists, but they attributed to other causes that softening of the brain which accurate examination has proved to be merely a change dependent on inflammation. You will probably inquire what is the deposition which takes place in the texture of an inflamed part, that produces the firmness to the feel which we find after death. Now, in answer to this, it is generally stated that the new substance thus deposited is *lymph—coagulated* lymph, or as it is sometimes called, *coagulable* lymph. It is stated to be nearly the same with the fibrin of the blood, that is, with the white tough part which we see when, by washing, we have removed the red particles from the clot or crassamentum. It is said to be completely analogous to the white buffy coat which is seen on the surface of the crassamentum, when the blood is drawn from a patient labouring under inflammation. These observations do not extend to the swelling which is situated in the neighbourhood of the part I have mentioned—*that* is, soft and not firm. The disease in such a part is not so violent as in the immediate seat of the inflammation itself. There it produces an effusion of serous fluid in the cellular texture, and is similar to what takes place in dropsy. We have an opportunity of seeing the nature of the substance effused under inflammation, by observing what happens when the serous membranes are affected, because there the substance which, in other parts, is deposited intersticially in an organ, is effused upon the surface, and is, therefore, rendered more manifest to observation. When the peritoneum is inflamed, we find that there is a kind of glue, that is, a white semi-transparent substance, deposited upon it, by which the opposed surfaces which ordinarily are free and unconnected with each other, become in fact agglutinated. The word agglutinated is used, and is an appropriate expression, for the parts seem to be connected together by a white kind of glutinous substance.

This is the state which these membranes exhibit under slight degrees of inflammation; but when the disease is more violent, you have an opaque substance, of a somewhat fibrous appearance, deposited in a considerable quantity upon their surface, and in its chemical characters it corresponds very closely to the fibrin of the blood. This is the substance to which the name of lymph is given. In cases of inflamed serous membrane, you see a large quantity of this deposited upon their smooth secreting surfaces: it is at first loosely connected with the parts on which it lies, and you can scrape it off with the finger, or the handle of a knife. But within a short period blood-vessels are formed in its substance, and these seem to be an extension of the blood-vessels belonging to the surface on which the lymph is effused;—at all events, we soon find that the substance, which at first is an inorganic deposit, becomes organized. This change takes place more quickly than you might have expected;—for instance, it has been found in an inflamed intestine, that the blood-vessels have been formed in the lymph deposited on its surface within a very short period from the commencement of the inflammation. When the lymph becomes organized it assumes, more or less, the nature of the part on which it is deposited. Thus, in cases of adhesion between the various organs contained in the cavity of the abdomen, the connecting parts are assimilated in their nature to the surface of the peritoneum; they constitute a smooth, polished medium of adhesion, preternaturally uniting the parts together, and presenting a surface which you cannot distinguish from the natural state of the healthy peritoneum.

[The lecturer here exhibited a preparation, consisting of an adhesion between the surface of the liver and the peritoneal lining of the abdomen, and pointed out that the new parts corresponded in their texture with that of the peritoneum.]

We can see the same phenomenon—that is, the deposition of lymph—in inflammation of the iris. We observe either that the lymph is deposited generally through the texture of the iris, altering its colour, and changing considerably the nature and appearance of its structure, or sometimes the lymph is deposited in a distinct mass, or patch, as if a glutinous substance had been deposited on the part. We find that the matter thus poured out constitutes the bond of adhesion. It is occasionally seen between the margin of the pupil and the capsule of the crystalline lens. Now, in inflammation affecting the texture of a part like the hand, when the lymph is deposited in the interior, the phenomena are rather more obscure, and yet there can be no doubt, if we could see the nature of the process, we should find it to be essentially the same as that just detailed—namely, that, in the first instance, lymph is effused into the structure of the part; and secondly, that the lymph becomes organized; hence we find, from examination at a more remote period, that there is a preternatural thickness and consolidation of the textures. If there is a considerable deposition in the structure of the parts that should be free and loose, they become condensed, and preternaturally adherent to each other. Thus we can explain how, in cases of violent inflammation of a part like the hand, after certain symptoms have subsided, we find the consequent effects to be consolidation and stiffness of parts that should be soft and pliant. Sometimes so much hardness is produced by this intersticial deposition into the inflamed part and its subsequent organization, that it is said to take on the appearance of scirrhus; and, indeed, we find it stated in some surgical writings, and those, too, by individuals who have been regarded as high authority, that the production of scirrhus induration is one of the consequences of inflammation. Now this is quite an erroneous view of the subject: the product of a common inflammation is merely a simple induration of the tissues in which it is seated; and you can always distinguish, even in the worst form which parts may assume from this cause, the character of the natural structure. In cases of scirrhus the organic changes proceed until the natural structure is lost and a new one is substituted in its place. The hardness that may succeed inflammation can only resemble scirrhus in that one single character, and in no other. Common inflammation never leads to such a production as that which we properly name scirrhus. I enumerated to you, in my last lecture, the different effects produced by the inflammatory process, which are commonly called terminations of inflammation; and I pointed out the true nature of the process,—namely, that the inflammation does not terminate with the production of these effects, but goes on, often, indeed, little diminished in violence. I told you, that you were not to understand that each species of inflammation produced exactly one of these effects, and no more. On the contrary, you often have two or more of them combined together. In a case where there is considerable suppuration of the hand, you perhaps have a large portion of the integument mortified. There may be a combination of mortification and suppuration: you may have suppuration and mortification in one part, while the rest of the inflammation is speedily subdued—that is, got rid of by resolution; or with the formation of matter and mortification in one part, you may have a considerable swelling, from the intersticial deposition of lymph, in the surrounding textures. You are further to understand, that the inflammation does not necessarily come to an end after causing these effects: the progress of inflammation, and its effects, would be more simple, and much less injurious, if that were the case; but,

after suppuration has taken place in one part of the hand, unless the case be judiciously treated, and the patient take good care of himself, suppuration will occur in the neighbourhood. Thus you find that inflammation, originally produced by a slight injury of one finger, will gradually affect the whole of the palm of the hand, and then proceed to the fore-arm, and produce extensive mischief. The view of inflammation which I have exhibited to you from the appearances it assumes in an external part, such as the hand, has been generalized—it has been made a kind of representation of what occurs in inflammation of the body at large No doubt it is the appearances which inflammation exhibits in the external parts of the body, from their being immediately within our observation, that have given rise to the general notion we have of the nature of the inflammatory process. Now it may be observed, that the effects and nature of this process are the same, so far as we can trace them in the internal organs of the body, but our general idea of them certainly depends upon those characters which can only be satisfactorily ascertained when the disease is situated on the exterior. Hence inflammation of all parts has been said to consist in the combination of the four circumstances I have already detailed—viz. redness, swelling, heat, and pain. But I think, in order to make the enumeration of its characters complete, there should be two other circumstances added to these: we should take into view that important result, the interstitial deposition into the substance of the part; and we should also include in our view an event which is equally important—the impaired or suspended function of the affected organ.

THE GRINDING SYSTEM.

[Always the advocates for fair play, we insert the following somewhat lengthy justification of the "Grinders."

Mr Editor,—Some time has now elapsed since my days of pupilage, yet I can still sympathize with the medical student in his wants and his feelings. I cannot but consider that your denunciation of what is vulgarly named "the Grinding System" is far too sweeping. I must believe that, under certain limitations, the system of private general examination is fraught with benefit to the student, in support of which opinion I beg to offer a few observations.

That "Grinding" is to a certain extent an evil, far be it from me to deny; but it is only secondary: it originates in the vicious system of examination which is preliminary to admission into general practice—the acquirement of the apothecary's license. The ordeal in question is far from affording any test as to the entire average amount of medical knowledge, which alone should constitute qualification. From the set questions that are asked, it is evident that "the Grinding" is as much on the side of the examiner as on that of the pupil. Left to the caprice of an individual, woe to the luckless wight whose momentary failure in courage or memory places him at mercy. Far worse for him baited by a churlish examiner, who has his set questions, and will take but his set answers, if the candidate, in accordance with what he has experienced or been taught, returns answers at variance with the examiner's opinions; if it occur frequently—and it may be so—great is the risk of ignominious rejection. This fully accounts for the origination of "the Grinding System." The trivial and tricky nature of many questions put at the Apothecary's Hall is too notorious to need comment; one which was put to myself is a fair enough specimen—"What are the diseases of the Choroid Plexus?" While set questions constitute the order of the day, set answers to correspond will continue to be inculcated; when examinations comprise general and practical professional knowledge, a mere rote preparation will be unavailing. Yet this will not militate against the system of "Grinding" as it exists. I do not believe that half of those students who resort to private instruction do so in consequence of the "destructive vices" you lay to their account. Many a man of unimpeachable steadiness and ability places himself under "a Grinder," when the apothecary's license is his object, and is wise in so doing. Under private instruction many a man is first taught the consciousness of his own acquirements; he learns to arrange and display his knowledge. It is one thing to know a fact, another to demonstrate that knowledge. It is different with the College of Surgeons. We are rendered far more familiar with anatomy and surgery in the course of study while attending the hospital and dissecting-room than other branches of medical science. The more tenacious memory of the hand and eye are called into much more active employment in their acquirement. Again, the range of medical science is wide; three years is but a short time to become conversant with its details. In the average of students there are few minds that will grapple with the whole; the memory may be faulty—the power of application is far from being an equable endowment—there are none in whom the attention is not more or less turned to particular departments of medical science at the expense of others. Private instruction remedies these faults; it supplies what is deficient, strengthens what is weak, links together and connects the whole, and as such is highly laudable. In subserviency to fair professional knowledge it is most valuable; the substance is for self-acquirement from illustrated facts, of which alone public instruction should consist. To any one who would assert that private instruction as at present existing is but a mere teaching of quibble and parrot words, I can only say that during the two months I availed myself thereof, previous to presenting myself for examination at the Hall, not only was the knowledge previously amassed simplified and arranged, but I also acquired a considerable addition to my store of information, and that too of a practical nature. There are surely some points worthy notice in justice both to the private teacher and the pupil. Where "Grinding" is intended to supply the mere superfices of knowledge, the shadow of what should be, it is vile and mischievous—a worthy object of satire and invective; but where it gives form and fashion to that which we have learnt, it is legitimate and laudable as concerns all parties. C. H. B. Lane.

33 Leicester square, October 18, 1839.

WESTMINSTER HOSPITAL.

Great was the hubbub as soon as the specimen of Sir Anthony Carlisle's 'Clinical Instruction' found its way to Westminster last week. There was a congregation of students, with the baronet at the head of them, inveighing against the writer and the publisher of what is but a true account of the farrago dealt out to the student in return for his fees. Sir 'Tony twisted his neck and elevated at the same time his chin and his voice; and certain whisperings were heard of an intention of erecting a column of brass, or giving some striking evidence of gratitude to Mr Clarke for the good he had done. For ourselves, we trust the castigation will be continued. That one of the exhortations to the unhappy female patients will be taken down, convinced as we are that it will do much to reform the present vicious system. Every one of the well-deserved attacks shall be again printed in The Medical Times, that their circulation may be increased and their effect heightened.

"Specimens of Clinical Instruction.—Sir A. Carlisle.—In an article on Clinical Instruction, published in the Student's Number of 'The Lancet,' we gave a specimen of the bedside teaching of Mr Surgeon Skey. We propose to give occasionally a slight sketch of the mode in which surgeons and physicians in our public hospitals instruct their pupils. We will commence with Sir Anthony Carlisle. Scene, Wards of Westminster Hospital, Oct. 6.

"The venerable knight passes by several beds, and looks at his patient or not, as it suits his humour. If a bandage is about to be removed, to show any disease or injury, he exclaims, 'Tut man, I don't want to *see* it.' At length he comes to the bedside of a poor cadaverous-looking youth, who had been affected with syphilis, and some time since had taken mercury. 'This patient,' said the dresser, 'is only weak now, Sir.'—'Then keep him in a week, and he will be stronger,' exclaimed the facetious Sir 'Tony. 'Let's look at your tongue;' the organ is protruded. 'Zounds, man, you've a red tongue.' Feeling his pulse, 'This is an irritable pulse. What's that from? Is it the mercury, think you.'—'No, Sir, he has left off the mercury a long time since.'—'Then what is he taking?'—'Sarsaparilla.'—'And what other drug?'—'Hydriodate of potash.'—'Fiddlestick! that's the cause of the state of the pulse; let him take nothing.' And with this another bed is visited, at which Mr Lynn exhibits a patient whom he has reason to suspect has stone in the bladder, but he would not consent to be sounded. Sir Anthony speaks, 'Now, friend, you'd better let us try to find a stone; sounding's nothing, man, only like putting a feather up your nose, nothing worse. Besides, its a hard matter to cure a disease when we don't know what it is; it's hard enough when we do know, but harder when we don't.' One of the pupils here said that sounding was not worse than tickling the nose with a feather. 'Oh! you've tried it have you: that's a good plan the common people have of stopping hemorrhage from the nose, by taking a little vinegar in the palm of the hand and snuffing it up the nostril; its a sharp plan though; it gives a smart twinge to the eyes, and so does the carbonic acid that rises after you've swallowed a bottle of soda water.' Turning to Mr Lynn, 'Have you given him any exciseable articles, for I know you're fond of them?'—'He's been taking a little gin.'—'Well, that's exciseable, an't it?—'Would a little wine do him any good?—"Nothing will do him any good,' said the junior surgeon, 'he's going as fast as he can;' and with this consolatory valediction the senior and junior surgeons moved on. It was discovered, however, in a few minutes, that the man had been taking six ounces of wine daily. 'That's a large quantity,' said Sir Anthony, as he stopped the students at the ward door to ask them if they had heard the "epigram" of the man who was asked why his nose was red. 'I drink so much red wine,' said the man. 'I drink it red and p— it white, and leave the red behind on my nose.'"—*Lancet.*

LARGE CLASS ROOMS.

To the Editor of 'The Medical Times.'

Sir,—I am greatly struck with the observations you made last week on the subject of large class rooms. I have naturally very excellent sight, but I have upon many and many an occasion strained my eyes to the utmost of my power to get a peep at what Mr Quain was fingering during his lecture. Unless some arrangement is made at University College to enable all the class to see what Mr Quain talks about, I must in my own defence, pay over again and enter to some smaller school. I am, Sir, &c. L. U. C.

A report has just reached us, which we fear to be too true, of the death of Sir William Beatty, the late physician to Greenwich Hospital. On the resignation of his appointment, but a few weeks since, he went into Germany to recruit his health, and from that country the melancholy news has been received. Sir William was Nelson's surgeon on board the Victory at Trafalgar, and afforded all the assistance that man could render to that naval hero.—*West Kent paper.*

September Weather.—The total quantity of rain which fell in September was 2,982 inches. Wednesday and Thursday, the 18th and 19th, were the two wettest days. The mean of the thermometer at 9 a. m. was 60.8—the hottest day being the 1st, when the glass was up to 67.5; and the coldest being the 30th, when it was down to 55.4. There were 21 wet days, and only 9 fine days. The wind was southerly and westerly 18 days.

Philosophical Works.—Amongst the philosophical works which have issued from the medical press, is one by Mr Mayo, called 'The Philosophy of Living.' It is so difficult for the majority of the profession to get a living in any way, that we have no doubt the book will command an extensive circulation, more especially as it comes from so high an authority on the subject.

STUDENT'S CALENDAR.

The registration books at Apothecaries' Hall are open, and will remain so until Wednesday, the 23rd inst., from the hour of eleven, A.M., to three, P.M., for the registration of entrance to the different classes to be attended during the ensuing winter session, by such students as were not able to register on the days appointed.

Students are requested to bring their schedules and tickets, signed by the teachers of their respective classes. They will be admitted to register in the order of the initial letter of their several names, but each gentleman will be required to produce a certificate of the cause of his absence.

The Registration at the College will take place during the first fourteen days of November.

Monday.—Registration at Hall.

Tuesday.—Ditto.

Wednesday.—Ditto.

Thursday.—Operations at St George's, at one.

Friday.—Operations at St Thomas's.

Saturday.—Operations at St Bartholomew's, at one.

TO CORRESPONDENTS.

Mr Guthrie, *the new demonstrator at the Anatomical School of the Charing Cross Hospital, is likely to be a brilliant successor to Pettigrew. He is the son of the well-known George James Guthri, who has so often figured away in the pages of the 'Lancet.'*

Mr Hilles *is an Irishman, he landed in England on August the 24th,* 1835, *having distinguished himself in Dublin. He is the unsuccessful founder, by subscription, of the Great Metropolitan Queen's College of Medicine. He has given* gratis *lectures for two sessions,* alone, *at the Westminster School, associated with Mr Guthrie. He was also an unsuccessful candidate for the office of Examiner at the London University. As an author, he is well known for various voluminous writings. 'The British Dissector,' the volume on 'Hernia,' that on 'Gonorrhœa Virulenta,' and 'The Manual for the College of Surgeons,' confer on him the greatest credit as an author and a "grinder."*

King's College. — *A well-wisher writes:—"In noticing the* very peculiar advantages *of the King's College Medical School, you omitted to inform the student that, in addition to a beautiful daily prayer, he is treated gratuitously to a course of lectures on* Divinity, *and at the conclusion of the course, provided he prayed fervently* for *his teachers, with a bible and prayer-book, large enough for a parish church! In a recent introductory lecture on obstetricy, a practitioner was mentioned as praying at the foot of his patient's bed,—in an obstetric case where the arm presented,*—leaving the poor woman to nature, and his beautiful prayers. *I presume he was educated at this "Sancte et Sapientia" college. If so, it is but right the public should be made acquainted with the fact, as many cases may occur where one of these gentry may save the dying patient's friends the trouble and expense of a clergyman, frequently an important consideration with those of an economical turn of mind. Another fact (and an important one) which you have omitted, is that, to satisfy the tender and-over anxious mother, the college has kindly consented to take in a few students* as lodgers, *who are compelled to be in their various rooms by a very early hour in the evening, under pain of incurring the very great displeasure of the* head porter, *and perhaps being favoured by a scolding from this enlightened Cerberus.*

A Correspondent *asks, "Why do the students of King's College resemble a drove of sheep?" Because they are* marked *(at every lecture), we suppose to be the reply.*

Quain, *we understand, went into the Museum to digest the bitter pill we prepared for him—scratching his head at a great rate—quite unconscious of the eyes that could not but see the well deserved pangs which the publication of the truth gave him.*

The Borough Hospitals shall be looked to in good time.

Druggists' Assistants *are a hard-working race, and will find an advocate in our columns.*

Reporters wanted to supply Hospital Intelligence. Apply by letter to the Editor.

The Student's Medical Society *shall be reported.*

Dr Sigmond *is, we understand, contemplating the occupation of the great room, Exeter Hall, for the delivery of a course of lectures on tea.*

Chelsea.—*Send the copy.*

Mediculus.—*The letter will be welcome. We are always glad to receive cases, or any other communications, from students.*

John Willis's *case shall be inquired into. Capital surgeon, who could not distinguish between a fractured femur and a bruise.*

THE MEDICAL TIMES.

WHO SHOULD STUDY MEDICINE?

In the holiest aspirations of humanity after excellence—in the brightest efforts for the attainment of mental perfection, some taint of vitiated nature finds its way to mar the purity of the design. Perfection is not attainable by man, and, impressed with this truth, we seek not to picture to ourselves some Utopia in which no evil could exist, and, by comparing such ideal world with the material one around us, beget a misanthropic disgust more fashionably poetical than wisely philosophic. Still less are we inclined to forget the bright manifestations of soul,—the supreme capacity for thought and judgment,—the innate love of justice and sense of right,—which teach us more strongly than words can do that there is a principle within us "not of the earth, earthy." Thus premising, stay we to say a few words upon the objects and intentions of medicine, and the requisites desirable in those who seek to pursue the healing art as an avocation.

Of the learned professions physic is, in its true sense, the most noble and enlightened. Unlike theology, it seeks not the aggrandisement of any sect or the preponderance of any party—still more unlike the law, it gains no splendour by the increase of crime, nor fattens on the extension of litigation and dissension. It drags no father from his fireside in revenge for the non-payment of a debt he has no means of liquidating; it breaks no hearts by the withholding of justice—nor thrives by aiding the escape of the guilty or the destruction of the innocent. Its office is indeed far nobler. To aid the suffering,—to relieve the pangs of the afflicted,—to visit and alleviate the miseries of the diseased,—to ward off infection and stay the hand of death,—these are the ennobling duties of the disciple of medicine, and these are the triumphs which are the glory of the science.

But to achieve these triumphs, to participate in the satisfaction of their full attainment, much natural aptitude and vigorous exertion are requisite. The pleasure felt by one who seizes a dying husband from the pangs of death and places him once more, to cheer and support his children, by his own fireside, is only to be appreciated by one who loves the higher pleasures of intellect, and is capable of enjoying the brighter portion of his destiny. To these, and these only, is medicine adapted as a profession. To such as desire only to make money,—who are bitten by the love of lucre, which creeps round and strangles every better feeling of the breast into which it has once gained admission,—to such medicine will only prove a disappointment and a curse. The paths by which perfection is to be obtained will be irksome and laborious. The stench and filth of the dissecting-room and the atmosphere of the sick chamber are not his province. If he wants money, let him buy and sell: where one medical man grows rich at least five thousand traders do so. If he is ambitious of power, let him follow the paths of the law, which monopolizes the great majority of places and patronage in this country. If his disposition be vain or frivolous, a red coat will suit him better than a black one, and the parade or the lounge please him more than the wards of an hospital. Let him not deceive himself, lest he repent too late. The road to eminence in the medical profession is steep and laborious of ascent. The employment is in many respects loathsome in itself, and often injurious to the health. But, like other things, it has a bright side, which, properly appreciated, repays all the time, labour, and anxiety which must be expended to obtain it. Medicine has the triumph of lightening the burden of suffering humanity, and to those who cannot feel this to be the highest guerdon which may be attained—to such as cannot estimate this pleasure—the profession of the healing art will be irksome in the exercise, and fraught with disappointment in its results.

MR BRANSBY COOPER.

We may anticipate our intended account of this gentleman, by stating the following particulars in answer to two letters which have reached us from students.

Bransby Cooper was born to good luck, being the nephew of the celebrated surgeon, Sir Astley Paston Cooper.

Bransby, at the proper age, was duly bound apprentice to *Uncle Astley*, attended *Uncle Astley's* lectures at St Thomas's Hospital, followed *Uncle Astley* in his walks in the wards of Guy's, and, when the proper time arrived, was examined by *Uncle Astley* and his colleagues at the college, and, lastly, was installed as lecturer on anatomy, and surgeon at Guy's Hospital, through *Uncle Astley's* influence—*Uncle Astley* modestly retiring from the office of surgeon to the hospital, and from his private practice, in favour of *nephew* Bransby, *fortunate man so far.* Let us examine his pretensions to the medical honours they thrust upon his youthful head—as an anatomist he deserves all praise. His lectures, based upon the excellent anatomical system, as regards the bones, arteries, and nerves, of the late talented Joshua Brookes, and his published course of lectures, should be in the hands of every sedulous student, as they are, perhaps, equal to any anatomical work extant. His lectures on surgery contain much valuable matter—so far so good—but he is a tedious lecturer, and his discourses are better calculated for the closet than the theatre. As a surgeon he may, no doubt, prescribe correctly in a case of erysipelas, or any similar disease. But after witnessing his talents as an operator, in the case of poor *Pollard* in 1828, we should be very sorry to place ourselves under his knife. He forms a strong contrast even with Mr Key, his coadjutor, or crabby little Mr Keate, of St George's, who would complete a surgical opera-

tion while Mr Bransby Cooper was thinking of each successive step which it requires; but this may possibly arise from his defect of vision; we do not exactly say he is deficient of talent as an operating surgeon, but that he is devoid of that tact, acuteness, quickness, and presence of mind—which the profession so much requires. We shall shortly have occasion to refer to the memorable action which he brought against Mr Wakley and the talented reporter of Pollard's case (poor Lambert, who is gone to a better world), with the arbitrary proceedings of the Westminster Medical Society.

CRUEL EMBEZZLEMENT.—CAUTION TO THE PROFESSION.

The public papers a few days since gave partial publicity to a case of embezzlement of a novel kind, and against which every member of the profession should be on his guard. On the 7th September the following advertisement appeared in 'The Lancet:'—

"Medical—Wanted a House-Surgeon and Apothecary to a Dispensary; he must be a Licentiate of the Hall. Applications, with all certificates and references, to be addressed (free) before the 14th inst. to Mr Thomas, Lancet Office. Salary 60*l.* a-year, house, coals, &c."

In consequence of this advertisement a Mr John Roycroft and three other gentlemen sent in their testimonials. Mr Roycroft's consisted of the diploma of the College of Surgeons, London; the testimonials of the Apothecaries' Companies of London and Dublin; a private honorary certificate from Mr Morley, of the Apothecaries' Company, London, and several other commendatory testimonials.

On the 14th of September, a man wrapped in a cloak, called in the dusk of the evening at the Lancet Office, and representing himself to be the Mr Thomas mentioned in the advertisement, obtained the packets of testimonials, having previously exhibited a letter purporting to be from Mr Ingleby, of Birmingham, authorizing the receipt of the papers. This letter proves to be a forgery, and the man has not since been heard of.

The objects of this cruel fraud can, in a great degree, perhaps, be defeated, by rendering the circumstances generally known among the profession, and thereby prevent the thief from making use of the diplomas in this country. The College of Surgeons must surely make all the amends in their power to Mr Roycroft, by granting him a certificate of his having obtained their diploma, and conferring the same license and authority as the original document. We should be glad to have the names and particulars of the other stolen papers, that they also may be detected if ever attempted to be employed by the contemptible swindler who so cruelly obtained them.

The Court Physician.—A pamphlet by Dr Murray has just been published, in which the author attacks Sir James Clark with unsparing hand, and offers him certain lessons on the diagnosis in pregnancy, which the worthy baronet will do well speedily to "read, mark, and inwardly digest." Dr M. gives the following list of disorders assimilating pregnancy:—1, Hepatic disease and its modifications; 2, Diseases of the digestive organs; 3, Splenic disease in its utmost development; 4, Mesenteric disease and its complications; 5, Aneurismal disease of the abdominal arteries; 6, Dropsy and its modifications; 7, Umbilical hernia; 8, Abdominal tumours of various kinds; 9, Ovarial dropsy; 10, Ovarial disease of other sorts; 11, Complications of two or more of the above or other diseases.

The late Peter Bacon, Esq., stockbroker, has left a legacy of 24,000*l.* to University College, payable at the death of his widow. [What will King's College say to this?]

Our reviews of several works, though in type, must be postponed for a week.

Mr Derriott has sent us a long letter on the subject of the Anatomy Bill, which shall appear next week. He makes, however, the mistake of attributing to the 'Medical Times' sentiments quoted from the 'Lancet.'

SPIRIT OF THE PRESS.

[In this portion of The Medical Times it is intended to place all that may be most valuable or interesting in contemporary journals. In making the selection, we shall not be deterred from quoting an excellent paper because the merit of its first publication may be due to a rival journalist; and thus we shall embalm in our pages the spirit of the press—at once extending the reputation of the various authors, and increasing the value of our own publication.]

CERTIFICATE SYSTEM IN DUBLIN.

The Dublin College of Surgeons passed a law that no person should receive a certificate for attendance on lectures delivered during the winter session, unless he commenced previous to the 10th of December. It was speedily discovered, however, that those who conformed to this regulation must suffer a considerable loss of pupils, the other schools continuing to receive them as late as January and February. To remedy this the College ordered that all lecturers recognized by them should cause the names of the pupils attending their courses on the 10th of December to be enrolled in a book, provided for the purpose by their officer, and again on the 10th of the following May. They at the same time wrote to the other medical bodies, asking their co-operation, and suggesting that certificates should not be received for qualification unless verified by such registration, or a similar registry elsewhere, and offering to furnish lists of pupils so registered at the end of the session. To this the army and navy boards replied that they would gladly consent: the Edinburgh College of Surgeons also expressed their anxiety to co-operate and effectually abate the nuisance. The Dublin College of Physicians replied that the law already provided for the matter. The board of Trinity College did not deign to reply; and the London College of Surgeons very civilly declined the adoption of the plan, furnishing at the same time a Dublin lecturer with a letter, stating that *they* would require no registration; which letter appeared to him so much to the purpose that he actually printed it as a handbill, and circulated it among the pupils. Other teachers, who at first conformed to the regulation, appear to have discovered that it was attended with inconvenience, and have not only ceased to act in obedience to it, but, to defeat its object and perpetuate a trade which they have found beneficial, use their utmost influence and exertions to induce the student to seek qualifications to practise in other places, where no troublesome inquiries are instituted respecting the truth or value of the certificates he produces.—*Dublin Medical Press.*

TREATMENT OF SCROFULOUS OPHTHALMIA.

Constitutional remedies must never be omitted in the management of this most troublesome form of ophthalmia. Occasional mild purgatives—of which the best are, perhaps, rhubarb and the sulphate of potash—should be given every, or every second, day. The Plummer's pill is highly recommended by M. Sichel in the treatment of all scrofulous diseases of children. Iodine, also, is a most valuable medicine. One of the best formulæ for its exhibition is the following:—R. Potass, hydriodatis, 1 drachm, pulv. iodinii, 3 grains, aquæ distillat. 10 ounces, misce. A table-spoonful of this mixture is to be taken twice a-day. Some vegetable tonic should be given at the same time. Sound malt liquor will often be found of the greatest service in such cases.—*Journal des Connaiss. Medicales.—Medico-Chirurgical Review.*

DIAGNOSIS BETWEEN ASCITES, AND ENCYSTED DROPSY OF THE ABDOMEN.

M. Rostan, in a recent clinical lecture at the *Hôpital de l'Ecole*, briefly adverts to this practical point in the following terms:—"You are aware that the diagnostic sign between the two forms of abdominal dropsy, the simple and the encysted, consists in the difference in the situation of the intestinal gases, in the two cases. In the former, the clear tympanitic sound is to be heard in the upper region of the abdomen, whereas it is dull in the hypogastric and umbilical regions. In encysted dropsy, on the other hand, the sound is clear below and dull above. This is a law without almost any exception."—*La Lancette Française.—Medico-Chirurgical Review.*

UNIVERSITY OF LONDON.

Matriculation Examination, October, 1839.

Examiners in Classics.—J. H. Jerrard, L.L.D.; Mr T. B. Burcham, M.A. Trinity College, Cambridge.

Examiners in Mathematics and Natural Philosophy.—Mr George B. Jerrard; Rev. Robert Murphy, M.A., Caius College, Cambridge.

In Chemistry.—Professor Daniell, F.R.S.

In Natural History.—Rev. Professor Henslow, M.A.

The following candidates have been admitted as Under-graduates of the University, having passed the required examination in classics, mathematics, and natural philosophy. They are alphabetically arranged in two divisions, according to their general proficiency in those subjects:—

FIRST DIVISION.

Ashby	University College.
Clark	University College.
Donohe	College at Oscott.
Ellis	University College.
Fox	University College.
Griffiths	University College.
Jessel	University College.
Jones	King's College.
Levy	University College.
Martineau	University College.
Morley	King's College.
Newth	University College.
Paterson	University College.
Philip	University College.
Prentice	University College.
Ridgway	London Hospital Medical School.
Todhunter	University College.
Wilde	King's College.
Wortham	King's College.

SECOND DIVISION.

Clark, J. A.	St Thomas's Hospital Medical School.
Francis	University College.
Harrison	University College.
Knight	University College.
Langley	Leeds Medical School.
Lawford	University College.
Timms	St Saviour's Grammar School.
Waddy	Royal Birmingham School of Medicine.
Whitaker	Middlesex Hospital School of Medicine.
Willy	King's College.
Woollgar	University College.

The following students are arranged in the order of their proficiency in the under-mentioned subjects, in which the examination was voluntary:—

Chemistry.—Fox, Todhunter, Langley, Ashby.

Natural History.—Langley, Fox.

House-Surgeons to Hospitals.—We find that the house-surgeons have been attacked by Mr Wakley, who, at almost all the inquests which he has held of late, has expressed a determination to exact from them, respectively, a "case book," in which shall be entered the particulars of every case treated in the hospital, in order that, in the event of death taking place, the jury might be properly directed in their judgment. If this is adopted, the student might have the benefit of studying a case at which he may not have been present. Such a regulation will, no doubt, operate as a wholesome check on the inattentiveness or the hastiness which, it is well known, both the resident and visiting surgeons exhibit, galloping over their duties, utterly reckless of the consequences.

False Cinchona Bark.—A new sort of bark has recently been introduced into commerce, which has been discovered to contain *not one particle either of quinine or cinchonine.* Instead of these vegetable alkalies a different base, aricine, is present. This bark does not appear for the first time, in commerce. It is known by the name of ash-coloured cinchona. It is afforded by the cinchona ovata of the Peruvian flora, which appears, also, to afford the white cinchona of Loxa, and the arica bark. The Academy of Medicine, Paris, have nominated a commission to consider the means of obviating an error so injurious to the practice of medicine.

AUSCULTATION.

An old Roman wished that a glass might be placed in his breast, in order that others might see what was passing within. What the old Roman wished to be done morally, Laennec has accomplished physically. In the year 1816, by persevering industry, he discovered a simple instrument, the stethoscope, which may be considered as one of the greatest boons presented to the medical world in modern times. It was at first regarded as a chimera, but in an age of inquiry it soon made its way. Laennec's instrument can, however, be only successfully applied by those possessing a good ear. A knowledge of pathology is also highly necessary to ascertain not only the healthy sounds of the heart and lungs, but also the morbid ones, that the difference may be accurately detected. There must also be a faculty of remembering sounds as well as distinguishing them, and this is especially necessary in acute cases, where the phenomena change daily. The motion of the air in respiration, and the sound of the voice in health, are the standard, by which we judge of their alterations by disease. It would be useless for me to attempt to describe what is called "the healthy respiratory murmur" — I could only tell you that this sound is like some other sounds with which you might be more familiar. I therefore recommend you to practise auscultation upon each other, for the sake of learning what the healthy respiratory murmur is, and to do it often and upon many individuals. The pure perceptions of sense cannot be made clearer by descriptions and similitudes. The respiratory murmur is, I believe, the same in kind, in all men who have healthy lungs, but it has differences of degree belonging to it in different men, which are somewhat puzzling at first. Fat and muscle damp the sound as effectually as coats and waistcoats. Ausculting a man who is very fat and muscular is like ausculting a man with his clothes on—you must make the same allowance in both cases. People also differ much in the mode and intensity of their breathing, some fill their lungs at every inspiration, the air appears to go further, and to dwell longer within them. They breathe as if they had a luxury in breathing—and your ear seems to follow the air through every cell and vesicle as it goes in and out. Some, on the contrary, let the air just into their lungs, and come back again. They breathe as if they were afraid of breathing, and you cannot detect any respiratory murmur. But after all, you must bear it in mind that the auscultory signs of pulmonary disease are not all developed in the act of breathing, many occur in speaking and in coughing.

There are different *manners* of performing auscultation. In one mode we apply the ear itself to the surface of the chest, this is called *immediate percussion*. In another, without applying the ear to the chest immediately or mediately, we strike its walls with our fingers, and listen to the result—this might be called auscultation by percussion.

Percussion.—In employing percussion let the fingers with which you strike always make the same angle with the chest, and never let them rest on the part struck after the percussion is made, as this would check the sonorous vibrations. The upright position is best for the patient; for his lying upon anything imparts a dulness to the sound elicited. In fat persons percussion is of little use; except, perhaps, at the clavicles, the sternum, and in the axilla. Some persons wince on being percussed, and we find the greatest amount of disease in those parts over which there had been most tenderness. It sometimes happens that one side of the chest is very tender on percussion, and the other not—and we find, on examination, that the lung of the former was full of tubercles, while the latter contained only two or three. In other persons, however, there is often pain on percussion, without any subjacent disease. Piorry recommends mediate percussion by means of a pleximeter. In general we find immediate percussion best, but, when the patient is thin, humanity leads us to adopt the former. The ivory pleximeter is very useful in percussing the abdomen, but in exploring the chest the finger is the best. Percussion elicits a clearer sound in children than in adults. Andral ascribes this to the greater activity of respiration, or the greater comparative quantity of air in the chest. It would be well for you to make your first trials upon children, that you may know what the healthy respiratory murmur is in its full and complete development.

Immediate Auscultation.—Some prefer this method, which consists in the direct application of the ear to the chest, and it is necessary, in some cases, where the phenomena can be heard by it alone; but, in general, it is less satisfactory than *mediate* auscultation. In the former every part of the head becomes a medium of conducting sounds, which thus become confused. In some parts of the chest it cannot be resorted to, as in the axilla, and between the mammæ.

The Stethoscope.—Laennec found a simple cylinder of light wood to be the best instrument. An ivory ear-piece is good, as it excludes other sounds; it should be slightly concave, for if flat it shuts the ear. A screw-joint in the middle is bad, as it interrupts the sound. The bell should be small and rounded. A flexible stethoscope has been lately invented, but it is liable to objection.

Mediate Auscultation.—In using the stethoscope as few substances as possible should be allowed to come in contact with it, as they give rise to different sounds. Be careful not to lean on it with the head, as the pressure of the bell on the chest gives pain, and injures the sound. Stoop as little as possible, or the head will become congested, and you may be confused by the sounds arising from the contraction of muscles in your own neck. If possible, put the patient in a chair and sit beside him, and afterwards make him stand up, so that your head may not be in a depending position at all. If you examine through the dress let it be as thin as possible, and carefully avoid its friction against the instrument, for the crepitating râle may be simulated by the friction of stuffs, silks, &c. If the patient cannot be placed before the fire he should be in bed. In very thin persons, unless the bell of the instrument be very small, it is difficult to get it accurately applied to the chest. In this case you may fill up the intercostal space with a piece of lint. The stethoscope takes cognizance of the *respiration, the voice, and various râles.—From Notes of Dr Maddock's Introductory Lecture on Diseases of the Chest.*

MEDICAL GOSSIP.

(From Physic and Physicians.)

ABERNETHY'S COURTSHIP.

In no man were all the singular elements of the medical character more jumbled together than in John Abernethy. Yet an analysis of his eccentricities would serve as a key to their general causes in others, and at the same time lead to a contemplation of the admirable qualities of heart and mind, which in almost all cases they have concealed from all but the discriminating eye. Learned in the more valuable knowledge appertaining to his profession, skilful to a degree which ensured the willing assent of the surgeons of the day, with a simplicity of heart uncontaminated by contact with the world, it was not surprising that he should have felt that contempt for the vulgarities of the ignorant and conceited rich, which induced him so frequently to indulge his good-humoured sarcasm in a kind of practical joking, which appeared almost brutal to those who had been accustomed to the obsequiousness and fiddle-faddle attentions of the mere old women of the profession. But Abernethy's oddities had their origin in goodness of heart, fortified and encouraged to expand itself by conscious intellectual superiority. The same remark applies with equal truth to such men as Mounsey, Radcliffe, and Jebb; but Abernethy combined the two so prominently, as to make him the more fit illustration of medical eccentricity. The following account of Abernethy's courtship, while it strongly illustrates his independence on mere forms, at the same time exhibits his manliness and delicacy in an amiable light.

"While attending a lady for several weeks, he observed those amiable qualifications in her daughter, which he truly esteemed to be calculated to make the married state happy. Accordingly on Saturday, on taking leave of his patient, he addressed her to the following purport:—'You are now so well, that I need not see you after Monday next, when I shall come and pay you my last farewell visit. But, in the meantime, I wish you and your daughter seriously to consider the proposal I am about to make. It is abrupt and unceremonious, I am aware; but the excessive occupation of my time by my professional duties affords me no leisure to accomplish what I desire by the mere ordinary course of attention and solicitation. My annual receipts amount to £—, and I can settle £—— on my wife; my character is generally known to the public, so that you may readily ascertain what it is. I have seen in your daughter a tender and affectionate child, an assiduous and careful nurse, and a gentle and lady-like member of your family; such a person must be all that a husband could covet, and I offer my hand and fortune for her acceptance. On Monday, when I call, I shall expect your determination; for I really have not time for the routine of courtship.' In this way, however, the lady was wooed and won, and the union proved a happy one in every respect."

Could anything exhibit the essential benevolence of this man—who has been branded as a mere brute by those who knew him not—more beautiful than the following?—

"In the year 1818, Lieutenant D—— fell from his horse on a paved street in London, and fractured his skull and his arm, while his horse trod on his thigh and grievously injured his limb. Mr A. was the nearest surgeon, and he was sent for; he came, and attended daily. After the lapse of months, convalescence took place, leaving great debility, when Abernethy enjoined the adoption of shell fish diet at Margate. His grateful patient requested information as to the amount of his pecuniary debt for professional aid and care. Abernethy smiled, and said, 'Who is that young woman?' 'She is my wife.'—'What is your rank in the army?'—'I am a half-pay lieutenant.'—Oh, wait till you are a general; then come and see me, and we'll talk about it.'"

The habit of thinking aloud, vulgarly called talking to one's self, is common to men of this class. Abernethy had it; and on one occasion it led him into a ludicrous escapade, which, however, betrayed the feelings of his heart.

"On the day of one of his introductory lectures, when the theatre of St Bartholomew was as full as it could possibly be, and the cheering on his entrance had subsided, he was observed to cast his eyes around, seemingly insensible to the applause with which he had been greeted; and he exclaimed with great feeling and pathos, 'God help you all! what is to become of you?' evidently much moved by the appearance of so great a number of medical students, seeking for information to be fitted for practice."

GETTING INTO PRACTICE.

"A very eminent general practitioner of the present day relates the following circumstances as connected with his early career. After graduating at the College of Surgeons and Apothecaries' Hall, he took a small house in a neighbourhood where he thought it was likely he should succeed in obtaining a

practice. His property amounted to a little furniture, which his mother had left him, a few bottles for his surgery, and a hundred pounds in cash. Having fixed upon a locality, he took possession of his habitation, sat down, and waited anxiously for patients. Six months passed away, and not one patient had been seen! He was always at his post—dressed well—and was by no means deficient in his attainments as a scholar and a medical man. He was advised to change his residence; but he refused to do so, being determined to establish himself where he had first commenced, or abandon the profession altogether. His money, although he lived very economically, was nearly expended, and he had no other resources whatever. Having some talent for composition, he wrote an article for a newspaper; and was mortified to find next day, among the notices to correspondents, the following:—"Medicus;—the communication is unsuited to our pages." A friend suggested that he would write a small pamphlet on a disease which was then prevailing epidemically. The pamphlet was written; but alas! after having walked his shoes nearly off his feet, he could not succeed in inducing any bookseller to print it. Many offered to publish the pamphlet at the author's risk, but he declined this arrangement, and the unfortunate MS. was thrown upon the shelf. The surgeon was recommended to look out for a wife with a little money, as the only way to relieve him from his present situation; but he found this to be impracticable, owing to his not being able to dress like a gentleman, and his tailor hesitated to trust him with more clothes. Distress followed distress in rapid succession, until the poor man was a miserable, heart-wearied, and nearly heart-broken wretch. How truly has Spenser delineated his situation:—

"'Full little knowest thou that hast not tried
What hell it is, in suing long to bide;
To lose good days that might be better spent;
To waste long nights in pensive discontent,
To speed to-day, to be put back to-morrow;
To feed on hope, to pine with fear and sorrow:
To fret the soul with crosses and with cares,
To eat the bread thro' comfortless despairs.'

"Having thus been brought nearly to the verge of ruin, he was seated one evening before his surgery fire, cogitating what step to take to relieve him from his pecuniary difficulties, when he heard the surgery bell ring most violently. To the door he immediately hastened, when he saw a crowd in the street, and two men carrying a gentleman, who appeared to be much injured. Admission was directly given to the parties, when, upon inquiring what had occurred, he ascertained that the patient had been thrown out of a cab, and it was supposed that he was nearly killed. Upon examining the gentlemen, it was found that he had received a severe concussion of the brain, in addition to the shoulder-joint being dislocated. Having reduced the luxation, the gentleman was placed in bed, and when reaction had taken place he was bled. By this time the surgeon ascertained from a policeman who had emptied the gentleman's pockets, that he was a man of title, and at that time of eminence as a politician. A dispatch was forwarded to his house at the west end, to acquaint his family of the accident that had occurred. His brother immediately came to see him, bringing with him a physician of great celebrity. A consultation took place; and as the physician highly approved of all that had been done, and it was not thought advisable to move the patient in his present condition, he was accordingly left under the care of the surgeon into whose house he was first brought. The general practitioner was unremitting in his attention to his distinguished patient, watching him by day and night. In the course of a week the physician suggested the propriety of removing him to his own house, which was accordingly accomplished. The apothecary was desired to continue his visits, which he did until his patient was completely restored to health. As a reward for his services, a cheque for 100*l.* was forwarded to the apothecary, and he was enrolled as surgeon to the family. So grateful were the friends of the patient, that they succeeded in introducing the general practitioner into many highly respectable families. Once being known, his practice rapidly increased; and he is at the present day one of our first general practitioners.

REVIEWS.

A Treatise on Varicose Capillaries, as constituting the Structure of Carcinoma of the Hepatic Ducts. By T. G. Hake, M.D. Taylor and Walton.

This book is an instance of one of the most barefaced literary robberies ever committed. The author ought to shun honest men's eyes during the remainder of his existence. Dr Hake! a discoverer! of *what?* why, that the laborious, the eminent Mr Keirnan had a secret which, in an unguarded moment, he disclosed to this supposed *friend*—a discovery which had cost that excellent anatomist upwards of six years' labour. And yet this mushroom M.D. declares he had seen at Paris a similar preparation to that which Mr K. exhibited. If so, it is quite evident he did not know it again when exhibited to him by Mr Keirnan, for he expressed the utmost surprise, declaring he "*could look at the preparation all night.*" The fact is, the Brighton dub thought he might "awake one morning and find himself famous," and so he *is* famous as a literary plunderer. Mr Keirnan's whole life has been spent in laborious investigations, in and out of the dissecting room. These labours have gained for him the reputation of being one of the first anatomists of Europe. Yet, a person unknown in the scientific world, one who has toiled just *six weeks*, rushes into the field, with visor up, to do battle,—for what?—notoriety;—for we do not think that even Hake supposed he could with impunity give to the world, as his own, the discoveries of another. This young man presumed on the easy good-nature of Mr Keirnan; but the treacherous guest has published his book, and Mr Keirnan is sufficiently revenged. He may well afford a smile of contemptuous indifference for such a *rival*. But this affair will effect some good, it will spur Mr Keirnan onwards in the path of science, and we shall have the pleasure to announce to the world the publication of *his* new discoveries. Every person in the profession who purchases Hake's book offers an insult to science, honour, and honesty.

Lectures on the Theory and Practice of Medicine, delivered in University College, London. By John Elliotson, M.D., Cantab, F.R.S. Edited by John Charles Cooke, M.D., and Thornton G. Thompson, M.D. Moore, Gower street North. 8vo. pp. 744.

It is needless to pen one sentence in praise of a course of lectures which, for practical information, stand almost alone in the medical literature of our country. The arrangement is excellent. The learned professor commences with an explanation of the terms used in medicine; proceeding next with inflammation, then with fevers; cutaneous diseases follow, including several eruptions not to be found in any other writer. He then proceeds to diseases of the head and nervous system, not forgetting his admirable dissertations on the chest and heart. Dr Elliotson's opinions relative to "*mesmerism*" do not interfere with the fact, that no pathologist has been more deservedly distinguished. We may add that Dr Cooke has very properly omitted all recapitulatory and other irrelevant matter, which, although necessary in the lecture-room, is only fatiguing to the reader of a volume.

WORKS RECEIVED FOR REVIEW.

'A Manual on Diseases of the Eye.' By S. Little, M.D., revised and enlarged by Hugh Houston, M.R.C.S. pp. 307. Churchill.

'Illustrations of Midwifery,' a complete Atlas and Companion to all Obstetric Works. Part I. By M. Ryan, M.D., &c. &c. Baillière.

SCIENTIFIC SOCIETIES.

ROYAL ACADEMY OF MEDICINE, PARIS.

ARTIFICIAL ANUS.

Oct. 1.—There being no business before the Academy, the president requested M. Amussat to relate the results of the operation for artificial anus. He first detailed the particulars of the case, and added, that now, after the lapse of four months, the patient is in the most satisfactory condition. All the functions are regularly performed: the artificial anus does not, as was apprehended, give constant exit to fæcal matter, the patient having a fæcal evacuation regularly, once or twice a day, of the approach of which she is warned by a slight colic; a retaining bandage perfectly prevents the issue of fæces at other periods. M. Velpeau considered it questionable whether Callisen's operation (adopted by M. Amussat,) was preferable to that of Littre, seeing that the success of the two modes was nearly balanced. Marckland's patient, in whom an artificial anus had been formed in the left iliac fossa, lived upwards of four months, while Symes's patient, on whom a similar operation had been performed, in consequence of cancer of the rectum, survived sixteen months. M. Velpeau, however, admitted that, theoretically, at least Callisen's operation was preferable, as in it the peritoneum was not wounded. M. Velpeau had recently performed Callisen's operation, the patient was, however, at the time in an utterly hopeless condition, and died of peritonitis within twenty-four hours. M. Amussat, in reply, insisted on the danger of wounding the peritoneum, and pointed out the greater convenience of the artificial anus, being situated posteriorly. M. Gerdy agreed with M. Amussat, in his appreciation of the most advantageous place of election, but disapproved of his modification of Callisen's operation, as the vertical incision, recommended by the latter surgeon, incurred, in his opinion, less risk of wounding the peritoneum.—[M. Howship performed the operation at Charing cross Hospital a few weeks since, with the best results.]

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Hospital Staff.—To be Assistant-Surgeons to the Forces—Frss. W. Grant, M.D., vice Annesley, appointed to the 61st Foot; Alex. Greer, M.D., vice Dowell, who resigns.

Bridgenorth Infirmary.—A House-Apothecary wanted for this Institution. Salary 50*l.*, with house, coals, washing, &c. Applications to be made before the 31st to the Rev. J. Purton, Oldbury, near Bridgenorth.

SINGULAR CASE OF MALFORMATION.

On the 20th March of this year (1839), at Schneidemühl, a stout woman, who had before borne five living and healthy children, was delivered of a remarkably stout female infant, presenting the following defective formation. The heart, and, under it, the stomach, both organs apparently separated by a partition, lie outside the thoracic and abdominal cavities, in a sack of skin nearly transparent. The protrusion is through a deficiency of the lower third of the sternum and upper part of the wall of the abdomen, as far as midway between the pit of the stomach and navel. The fissure is altogether 5½ inches long, and 2½ inches broad, and is situate almost in the middle line of the body. The child is living, sucks, and is otherwise well. The prolapsed parts are protected by an appropriate bandage.—*Med. Zeitung, April* 17, 1839.—*Med. Chirur. Rev.*

Sir James Clark has, it is rumoured, entered Mr Power's grinding class, to enable him to keep out of scrapes for the future.

Obituary.—In Clifton street, aged 30, W. A. Upjohn, Esq., surgeon.

ADVERTISEMENTS.

KING'S COLLEGE, LONDON.—MEDICAL SCHOOL, 1839-40.—The WINTER SESSION commenced on Tuesday the 1st October, 1839, with an INTRODUCTORY LECTURE, by Professor ARNOTT, at two o'clock.

Descriptive and Surgical Anatomy; RICHARD PARTRIDGE, F.R.S., to commence on Wednesday, 2d October, at nine, A.M.

Physiology, General and Morbid Anatomy; R. B. TODD, M.D., F.R.S., Wednesday, 2d October, three, P.M.

Chemistry; J. F. DANIELL, F.R.S., Thursday, 10th October, two, P.M.

Materia Medica and Therapeutics; J. F. ROYLE, M.D. V.P.R.S., Thursday, 3d October, eleven, A.M.

Medicine; THOMAS WATSON, M.D., Wednesday, 2d October, four, P.M.

Surgery; J. M. ARNOTT, Wednesday, 2d October, seven, P.M.

Midwifery and Diseases of Women and Children; ROBERT FERGUSON, M.D., Thursday, 3d October, quarter past ten, A.M.

Comparative Anatomy; T. RYMER JONES, Monday, 4th November, quarter past ten, A.M.

The King's College Hospital will be opened early in the ensuing Session, so that the Medical Students can now complete their education at King's College.

J. LONSDALE, B.D. Principal.

NORTH LONDON SCHOOL of MEDICINE, 20, Charlotte street, Bedford square, Bloomsbury, within a few minutes' walk of the Middlesex, St Bartholomew, Charing cross, University, and King's College Hospitals.

ANATOMY and PHYSIOLOGY: Dr VALENTINE FLOOD. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 7l. 7.; perpetual to practical and descriptive anatomy, if entered to at once, 12l. 12s.

DESCRIPTIVE ANATOMY; Dr FLOOD, Mr LUCAS, Mr DUFFY, and Mr OBRE. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 7l. 7s.

CHEMISTRY; Mr H. LEWIS, B.A., Cantab. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.

MATERIA MEDICA and PHARMACY; Dr G. A. F. WILKS Entire session, 4l. 4s.; half session, 2l. 2s.; perpetual, 5l. 5s.

PRINCIPLES and PRACTICE of MEDICINE; Dr RYAN. One session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.

PRINCIPLES and PRACTICE of SURGERY; Mr P. BENNET LUCAS. Session, 5l. 5s. Half session, 3l. 3s.; perpetual, 6l. 6s.

MIDWIFERY and DISEASES of WOMEN and CHILDREN; RYAN and Mr RAWLINS. Entire session, 5l. 5s.; half session, 3l. 3s.; perpetual, 6l. 6s.; perpetual to medicine and midwifery, if entered to at once, 11l. 11s.

Summer Session.

BOTANY; Dr WILKS. Entire session, 2l. 2s.; perpetual, 3l. 3s.

MEDICAL JURISPRUDENCE; Dr VENABLES. One course, 2l. 2s.; perpetual, 3l. 3s.

THERAPEUTICS; Dr KLEIN GRANT.

PRACTICAL CHEMISTRY; Mr LEWIS. One course, 2l. 10s.

CLINICAL MEDICINE; Dr Ryan and Dr WILKS.

Metropolitan Free Hospital, daily at one, P.M. Perpetual Fee to all requisite Lectures, 40l. One of the dissecting-rooms will be lighted with gas, as usual, until ten, P.M.

For further particulars apply at the School, or at the residences of the respective Lecturers.

G. A. F. WILKS, Hon. Sec.

WINTER LECTURES.—ANATOMY, PHYSIOLOGY, and SURGERY.—Mr DERMOTT, whose Lectures have been recognized by all the Medical Boards since 1822, commenced his Winter Courses on ANATOMY, PHYSIOLOGY, and SURGERY—his Demonstrations and Dissections, Wednesday, October 2nd, at 3 P.M. Perpetual to all, Ten Guineas. House Pupils have an uninterrupted supply of Dissection, and extra Private Instruction, besides other advantages. The lecture-room and residence within eight minutes' walk of the North London Hospital.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

*** Mr D.'s Series of Anatomical-Chirurgical Plates will be completed in a short time; all applications respecting them must be made to Mr D.

TO MEDICAL STUDENTS.—A PRIVATE CLASS, for the progressive study of the subjects contained in the Curriculum of Medical Education, including the Medical Classics, will meet at 1 Dufours place, Broad street, Golden square, every Monday, Wednesday, and Friday, from 8 to 10, P.M., and every Tuesday, Thursday, and Saturday, from 8 to half-past 9, A.M.

	£	s.	d.
Fee for the Session - - -	3	3	0
Ditto Perpetual - - -	6	6	0
Ditto with Classics - - -	8	8	0

For further particulars apply at the Class Rooms, 1 Dufours place, Golden square.

*** A vacancy for a House Pupil.

OSTEOLOGICAL REPOSITORY.

45 Museum street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Bauchène.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40l.
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45 Museum street, Bloomsbury.

Just published, illustrated by numerous Woodcuts and Plates,

THE SURGICAL ANATOMY of the ARTERIES, minutely given, and especially arranged for the Dissecting-room, together with the descriptive Anatomy of the Heart, and the Physiology of the Circulation in Man and inferior Animals. By VALENTINE FLOOD, A.M. M.D., Lecturer on Anatomy and Physiology in the North London School of Medicine. 12mo., cloth, lettered. Price 7s. Highley, Fleet street.

"The high character of the author as an anatomist ought, we feel, to be no slight guarantee as to the correctness of the descriptive portion of the work before us, but on looking over the pages he has now offered to us, we know not which to commend more—the correctness of the descriptions laid down, or the very great industry displayed by our author in collecting those facts that are *truly useful*."—Dub. Med. Press, No. 35.

"We could readily multiply quotations from Dr Flood's treatise in support of the opinion which we have delivered on its merits, but this were a superfluous task. We feel confident that it will obtain the full share of patronage which it merits."—Lancet, Sept. 28, 1839.

"Every page of this work is pregnant with information. The Introduction contains * * * * In addition, there are several well executed and correct engravings interspersed through its pages. Dr Flood may rest assured that his work has only to be known to be appreciated, and to add to his already established character as an Anatomist and Physiologist. Every Student, indeed every Practitioner, should possess Dr Flood's work."—Medical Miscellany, Sept. 28, 1839.

"The present work, although consisting of but one volume, and that not a very thick one, is characterized by being more comprehensive in its reach than any of its predecessors on the same subject. * * * * * The more momentous operations on these vessels (the arteries) are illustrated by a selection of the most remarkable cases; the opinions of able operators have been carefully consulted and judiciously commented on. The production is altogether very creditable to its author."—British and Foreign Med. Review, Oct. 1839.

In the Press, and shortly will be published,

GATHERINGS

FROM

GRAVE YARDS,

PARTICULARLY THOSE OF LONDON.

With a concise History of the Modes of Interment among different Nations from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of Inhuming the Dead in the midst of the Living.

By G. A. WALKER, Surgeon.

London: Messrs Longman and Co., Paternoster row.

FINE ARTS.

Important Work for Artists, dedicated, by permission, to Sir Thomas Lawrence, P.R.A., &c.

THE ANATOMY of the BONES and MUSCLES, exhibiting the Parts as they appear on Dissection, and more particularly as relating to the Living Figure. Illustrated by 30 highly finished Plates, in royal 4to. By GEORGE SIMPSON, Surgeon, and Lecturer on Anatomy to the Artists' Anatomical Society. Price 14s. in cloth, the few remaining copies.

Dedicated to H. Fuseli, A.M., Royal Academician, &c.

ELEMENTS of ANATOMY, designed for the Use of Students in the Fine Arts. By J. B. SHARPE, Surgeon, &c. In royal 8vo., fine Plates, published at 10s.; the few remaining copies selling at 1s. 6d.

SIR C. BELL AND MR MAYO'S PLATES.

THE EAR.—A large Map of the Internal Ear. By Sir C. Bell, F.R.S., &c. (coloured), 5s.

THE EYE.—A large Plate of the Anatomy of the Eye. By H. Mayo, F.R.S., &c. (coloured), 5s.

*** The beautiful Structure of the Ear and Eye are exquisitely delineated in the above accurate and superb Plates.

Thomas Burgess, 28 Coventry street, Haymarket.

Closely printed from the American Edition, in 18mo., price 2s.

MARRIAGE.—Advice to both Sexes to ensure Domestic Happiness, &c.; On Constitutional Peculiarities, &c.; Conduct to be observed by the Mother during Pregnancy, Labour, and Confinement, &c. By W. P. DEWEES, M.D., Professor of Midwifery in the University of Pennsylvania, &c.

Every page of this valuable little work will be found to contain some useful information.

Thomas Burgess, 28 Coventry street, Haymarket.

In royal 8vo., cloth, price 6s.

THE STUDENT'S ROYAL ROAD to ANATOMICAL KNOWLEDGE, in 24 Tables, containing the Bones, Joints, and Ligaments,—the Muscles,—the Brain, Nerves, Organs of Sense, Arteries, Veins, and Lymphatics,—the Viscera, and Organs of Urine and Generation. By A PROFESSOR OF ANATOMY.

The Tables are admirably arranged: they represent, at one glance, the whole Anatomy of the Parts. They will be found invaluable to the Student.

Thomas Burgess, 28 Coventry street, Haymarket.

Important and Curious Work. Price 1s. 6d.

ON PROSTITUTION in the CITY of PARIS. From the French of M. PARENT DUCHATELET. Contents:—Number of Prostitutes registered in Paris, Age, and Cause of taking up that Line of Life.—Trades exercised by.—State of Education amongst.—Opinions they entertain of themselves.—Religious Feelings of.—Feelings of Shame, notwithstanding their Habits and Vices.—Manner of Passing their Leisure Hours.—Peculiar Defects of.—Good Qualities of.—Lovers of.—Different Classes of.—Sexual Parts of.—Questions of Medical Jurisprudence connected with the Subject, &c. &c. &c.

DURATION of HUMAN PREGNANCY. A few remaining Copies at 2s., published at 5s.

The Medical Evidence relative to the Duration of Human Pregnancy, as given in the Gardner Peerage Cause, with introductory Remarks and Notes. By R. LYALL, M.D., F.L.S., &c. &c.

Thomas Burgess, 28 Coventry street, Haymarket, Second-hand and New Medical Bookseller.

NORTH LONDON SCHOOL of MEDICINE.—Mr P. BENNETT LUCAS will continue his Course of LECTURES on the PRINCIPLES and PRACTICE of SURGERY every Monday, Wednesday, and Friday, at 7 o'clock, P.M.

These Lectures are recognized by the several Medical Boards, and are illustrated by Morbid Preparations, Plates, Surgical Casts, and Wax Models.

For further particulars apply to Mr P. B. L., at his residence, 12 Argyll street, Regent street; or at the School.

MR LANE, MEDICAL AGENT, 18 JOHN STREET, ADELPHI, apprises the Profession that he has for DISPOSAL numerous PRACTICES in TOWN and COUNTRY, Physicians' and General Practices, Lunatic Asylums, Dentists', Chemist and Druggists', with and without Practice, or in situations offering very fair prospects of establishing one.

Gentlemen desirous of disposing of their Practices, wholly or in part, may obtain Purchasers, or Partners, by application to Mr Lane, with a facility and avoidance of trouble, or risk of publicity, unattainable through advertisements or any other medium.

Twelve years' experience as a Professional Agent, and having himself been twenty years in Medical Practice, with the numerous high references he can offer as to his honourable mode of conducting his Agency, are the grounds on which he solicits a continuance of the patronage he has hitherto so extensively experienced. The utmost caution is observed to obviate injurious publicity, and (where necessary) no treaty is entered on without satisfactory assurances of the means and respectability of applicants. A mere outline of Practices for Disposal would exceed the limits of an advertisement, but particulars of suitable Practices, omitting only name and precise locality, will be forwarded to gentlemen addressing Mr L., post-paid, stating the nature and amount of business required, when such will be pointed out as are most eligible and consonant with the views of the applicant.

Office hours, 12 to 4. All letters postage free.

ASSISTANTS of superior and inferior grades, with due regard to the character and qualifications required, are gratuitously engaged for Practitioners in the Country, on application by letter, post-paid, stating terms, &c.

An *Assistant wanted*, by a Retail and Dispensing Chemist—a steady young man, competent to minor operations, with good testimonials to character.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

GENTLEMEN'S CLOTHES, at REDUCED PRICES.

W. WELSFORD, 146 Leadenhall street.

A Fashionable Coat, Fancy Waistcoat, and Trousers - - - - - - - -	£4	0	0	to 5	0 0
Handsome Coats, lined with Silk, fashionably made - - - - - - - -	3	3	0		
Fine Cloth Waterproof Great Coats - -	3	3	0	— 4	0 0
Double-breasted Swansdown or Valencia Waistcoats - - - - - - - -	0	10	0		
Fine Double-breasted Swansdown or Valencia Waistcoats - - - - - - - -	0	12	0	— 0	16 0
Stout Buckskin Trousers - - - - - -	0	16	6		
Superfine Cassimere Trousers - - - -	0	18	0	— 1	6 0
Fine Cassimere Trousers - - - - - -	1	4	0	— 1	8 0
Warm Great Coats for Travelling - - -	2	2	0	— 3	0 0
Cloaks of all Descriptions - - - - -	1	5	0	— 3	0 0
Camlet Boat Cloaks, Cape and Sleeves lined	2	0	0	— 2	10 0
Satin Waistcoats, newest patterns - - -	1	0	0	— 1	10 0
Rich Silk Velvet Waistcoats - - - -	1	4	0	— 1	10 0
Young Gentlemen's Jackets, Waistcoats, and Trousers, lined - - - - - -	2	5	0	— 2	15 0
Pilot Coat, Velvet Collar, bound and lined -	1	4	0	— 2	15 0
A Suit of Livery - - - - - - - -	3	18	0	— 4	10 0

Three Suits per Year 12l.—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large Assortment of Ready-made Clothes.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0	for Ladies.
Ditto, double joints - - - -	2	5	0	for Gentlemen.
Ditto, standard silver - - - -	0	15	0	for Ladies.
Ditto, double joints - - - -	0	16	6	for Gentlemen.
Ditto, finest blue steel frame - -	0	15	0	for Ladies.
Ditto, ditto, double joints - - -	0	16	6	for Gentlemen.
Ditto, tortoiseshell frame - - -	0	10	0	for Ladies.
Ditto, best black buffalo horn - -	0	7	6	for Ladies.
Ditto, strong steel frame - - -	0	7	6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebble, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel - - - -	£4	5	0	
Ditto, Rosewood, inlaid with Pearl - -	4	0	0	
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to - - - - - -	6	0	0	
Most Improved Mountain Barometer - -	5	10	0	
Ditto, Marine, from 3l. 10s. to - - -	6	0	0	

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 5. Vol. 1. LONDON, SATURDAY, OCTOBER 26, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[BROOKS, PRINTER, 421 OXFORD STREET

MEDICAL PORTRAITS.

SIR BENJAMIN COLLINS BRODIE, BART.

With by far too large a portion of the community success is regarded as compensating for everything. When a man is surrounded by all the showy appliances of an elevated position—when men bow at his approach, and cool their heels in his lobby until their turn may come to get a moment of the great man's attention—the steps by which the pinnacle is arrived at are lost sight of in the blaze emanating from its summit; and its occupant is regarded as a kind of demi-god, whose smiles are to be courted, and whose favours bought, at any sacrifice of spirit or principle But we are not akin to

"_____ he
That kiss'd away his hand in courtesy."

The glare of a title does not blind our mental vision—the rattle of a chariot wheel cannot drown our voice.

Benjamin Collins Brodie is a member of a quiet, decent family, professing Whig-Radical principles, and residing at, or in the neighbourhood of, Salisbury. An old Scotchman, named Brodie, who was the proprietor of the 'Salisbury Journal,' having made some money, bequeathed it to the Collinses, upon the condition of their taking his name; and in this way both the fortune and the name of the future baronet were settled. Benjamin Collins Brodie was accordingly marked out for a professional man and in due time was apprenticed to Mr Everard Home. This was another fortunate chance. Home was the brother-in-law of John Hunter, and, upon the death of that admirable anatomist, became entrusted with the MS. productions of his deceased relative. The use he made of them was revealed to the world by Mr Clift, before the Parliamentary Committee in 1834; but the story is too important to be dismissed episodically, and calls for separate attention. Suffice it to say that Home—in himself a coarse, overbearing, sensual man—built up a quarto work on Comparative Anatomy from Hunter's papers; and at the period of this pious work of fratricidal-literary-piracy, Mr Brodie was his obsequious apprentice and fag. There is no truth in old proverbs. It is never "like master like man." Brodie has printed a book on 'The Joints;'—it must be original.

Mr Home was born under a fortunate star, and it shone benignantly on his fortuune. He was called into St James's Palace on the night when the Duke of Cumberland was found mysteriously wounded, and his servant, Sellis, still more mysteriously dead—his head only attached to his body by the skin at the back of the neck. Mr Home gave evidence before a jury of the neighbouring tradesmen. He swore the blood on the Duke's bed was arterial (though it was dry upon the curtain, and he did not state what artery was wounded), that it must have arisen from a wound inflicted while the Duke's head was on the pillow, and that he dressed the wound (although he does not specify the exact situation of it). He next was called to see the Duke's man, Sellis, who was said to have cut his own throat, having first "taken off his coat and placed it on a chair, *to save it from the blood.*"—(Home's Evid.) Sellis was found in bed, as if asleep, his countenance tranquil (the reverse of what is invariably observed in cases of suicide). When raised, his head nearly fell from the trunk, being connected, as before stated, by skin only. But we may not go further into this most mysterious affair, except to state that the medical evidence would seem to prove that, after Sellis had nearly cut off his own head, he had got into bed, put himself in the position of tranquil sleep, and died with a placid countenance!!!

This long but necessary digression for elucidating our narrative, having filled the allotted space, we must, for a week, defer the further rise and progress of the Serjeant Surgeon.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

III. INFLAMMATION—CONTINUED.

We ought not to include in the general notion of inflammation the occurrence of those sympathetic effects which I mentioned in my last lecture, because they do not attend invariably. The sympathetic disturbances of the sanguiferous, the nervous, the digestive, and the secreting systems, which constitute, taken together, the phenomena of inflammatory fever, are only observed when inflammation is extensive, and at the same time is very violent, or affects an important organ. You have inflammation exhibiting all the circumstances that I have mentioned in some organs of little consequence, and producing hardly any sensible effect beyond the part itself. Sympathetic constitutional disturbance, then, is not a necessary character of inflammation; but, when present, it is a very important practical point for you to attend to, because it denotes either a considerable degree of inflammation, or its existence in a part of consequence. It is further important, as often leading you to a choice of means by which the inflammation is to be treated: for example, the existence of the sympathetic constitutional disturbance would probably determine you to use *general* rather than *local* bleeding.

The question, however, What is inflammation? is not satisfactorily answered by enumerating these circumstances. The redness, swelling, heat, and pain, are the *external* signs of the disease—they are the characteristics that denote its presence; but the question still recurs, What is the change in the state of the part that produces these four signs or symptoms? What is the alteration in the capillary system of a part that gives rise to redness, swelling, heat, and pain? Now, I have already had occasion to mention, that this is a point which hitherto has not been clearly made out. That this circumstance is not well understood you may readily suppose, when you find that the most opposite opinions are entertained even at the present period respecting the state of circulation in the inflamed part: some imagine that it is obstructed, while others, and I think with much stronger reason, hold that it is increased. I have alluded to the opinion which supposes it to be a condition of spasm; and one circumstance which has been particularly adduced in defence of this idea is, the suspension of secretion. When, for instance, inflammation is seated in a glandular organ, it has been said that the suspension of the secretion arises from a spasm in the minute vessels of the part. Now, it does not appear to me to be necessary to recur to this explanation. The ordinary office of the capillary vessels of a gland is to perform a certain secretion; but, in a state of inflammation, these capillary vessels are disturbed in their action—they are thrown into an unnatural state. That it can be no spasm in the vessels I think is clear, from the effusion of coagulated lymph into the interstices: unless the vessels were sufficiently pervious, this effusion could not take place; and the same circumstance is shown by the fulness of the veins leading from an inflamed part.

Being unable to assign a name for the process of inflammation, and for the external change that occurs in the inflamed part, that shall precisely point out what it is that produces this phenomenon, we have been obliged here, as in other cases, to name the disease symptomatically, and describe it in the same way. Inflammation is derived from the term *inflammo*, and denotes heat to exist in the inflamed part. If we have been unable hitherto to depict the precise nature of the diseased affection in inflammation, which is of such common occurrence, which we see every day, and which constitutes so large a portion of all the diseases that we actually treat, you will not be surprised that the various attempts which have been made to construct nosologies, grounded on a knowledge of the nature of diseases, should have altogether failed.

It is necessary that the four circumstances which I have already enumerated should be combined together, in order to characterize inflammation, because, taking them separately, they do not prove the existence of it at all. Redness of a part occurs in blushing; it may be produced by mechanical friction—by rubbing any part of the body; yet here there is no inflammation. You may make a part of the body hotter than usual by exposing it to the fire, but you do not produce inflammation. Again, there is swelling in anasarca, and there is pain in a variety of complaints, and yet nothing like inflammation exists. In order to characterize inflammation, you must have these four circumstances combining together, and existing at the same time in a part, but they are not essential to proving the existence of inflammation, for it may be recognized without them. These circumstances prove that inflammation has reached a certain height; but slighter degrees of the same disturbance may exist in their absence. On the other hand, if there be a very violent degree of disturbance in the capillary vessels of a part, you will have swelling, redness, heat, and pain, but without any decided intersticial deposition, and the consequent changes which it produces, which changes afford the only criterion we deem sufficient to prove the existence of inflammation.

In the serous membranes we do not find that the texture of the part is swelled under inflammation; and I believe, in many instances, we shall hardly perceive it to be redder than natural. The arachnoid coat of the brain is frequently the seat of inflammation, but exhibits no redness. The texture of the membrane is thickened and rendered opaque, but not red. In the case of the iris we see the

inflammation, and do not doubt its existence, although we cannot discover it to be swelled, red, hot, and painful. Indeed the situation and circumstances of the part hardly admit of these changes being exhibited. In the inflammation of the cornea we may see some distention of the vessels, though we cannot discern the four circumstances that I have mentioned as characteristic of inflammation in general. In fact, considering these characteristics as indicative of inflammation, they are only of importance in reference to the affections of external organs; for when we come to consider the state of internal parts, we cannot apply this criterion to them. We cannot tell whether the liver or the lungs be swelled, red, hot, and painful. How can we tell whether the retina of the eye be in that state? So that these four circumstances are of general, but not of universal application.

Inflammation, gentlemen, is by no means one and the same process under all circumstances; on the contrary, it varies very greatly. If you cut or scratch the finger, inflammation will be produced; sometimes, without any injury, inflammation takes place near the nail, constituting whitlow; the finger may be inflamed without the rest of the limb in an attack of erysipelas;—it may be the seat of the affection called chilblain; it may be affected also with gout or rheumatism. Here are six different states that may be exhibited in one and the same part; these states are all different from each other, and yet they are all called inflammation, so that you see under this general term a considerable variety of appearances is included.

The affection in the first place differs in *degree;* that is, there may be more or less of inflammatory disturbance: where there is more, the progress of the case is rapid; where there is less, it proceeds slowly. This distinction is denoted generally by the terms *acute* and *chronic*. Severity of symptoms and rapidity of progress are denoted by the term acute inflammation; mildness of symptoms and slowness of progress, by the term chronic inflammation. Now, you are not to understand from this that there are exactly two, and only two, differences of degree, and constituting what are called acute and chronic. The words merely denote in a general way the difference,—in fact, there are numerous degrees, and you often are at a loss to determine to which division you should assign a particular inflammation There are numerous shades of transition that connect the two together. The words acute and chronic are not, in point of fact, exactly opposed to each other: the epithet *acute* denotes the *violence* of the symptoms, while the term *chronic* denotes their *duration*. Now, in acute inflammation, it is this violence of the symptoms that particularly attracts notice; in the case of chronic inflammation, it is the duration, and the consequences of the disease;—so that the terms of acute and chronic are not precisely contrasted with each other as to their meaning. Acute inflammation is called also active, violent, or phlegmonous inflammation. The term phlegmon is frequently employed: it is derived from the Greek term φλεγω, and is a name given by writers to inflammation when seated in the cellular membrane and skin—to the active variety of the disease, which terminates in abscess. This is a form of inflammation that has been selected as a type of the disturbance, being one in which the inflammatory characteristics are strongly marked. The examples which we have already given to illustrate the inflammatory process in the hand, will show you what is the nature of acute—active—phlegmonous inflammation. It is a violent disturbance that cannot last long; unless it is cut short by proper treatment, it will soon produce either mortification or suppuration; it is too active an affection to endure for any length of time; like fire, it soon burns itself out. Chronic inflammation is called languid, slow, or indolent; its characteristics differ materially, in several important points, from those of the acute kind. The vascular distention and disturbance are not so considerable; the redness is much less—often hardly any is perceptible, and the pain is slight. Chronic inflammation may occasionally take place in a part, and proceed some time before the patient is aware of its existence. But although, in these respects, chronic inflammation appears to be a less serious disturbance than acute, in another point of view it is of greater consequence: there is a more extensive interstitial deposition, and consequently a greater and more serious change of structure in the affected organ.

Now, with respect to the deposition which takes place in chronic inflammation, we really are not able to speak very clearly about it. It is difficult to know the precise nature of the new matter that is formed under these circumstances. But if we take the example of the testicle, which is often the seat of this kind of change, we shall find, on cutting into it, that there is a considerable quantity of new matter, quite different from the natural structure of the part. If the testicle thus diseased be injected, the new matter is distinguished by its only partially admitting the injection. [The lecturer illustrated this point by exhibiting a preparation.] In serous membranes also we frequently see new productions formed under chronic inflammation, and they are of a very marked kind; [presenting a preparation the lecturer said] this is an example, in which a complete adventitious membrane has been formed on the inner surface of the dura mater and the upper surface of the pia mater, in consequence of chronic inflammation in the head.

Thus you see, in acute inflammation, there is a violent disturbance of the part, which is of a temporary kind—quickly passes by, and the part recovers its natural state. In chronic inflammation the appearances are less alarming; the disturbances seem less serious and momentous; but the change of structure that is produced is much more considerable, and the results of chronic inflammation very seriously impair, or even destroy, the functions of the affected part. The danger, then, of the two appears nearly in an inverse ratio. You would suppose, when you looked at phlegmonous inflammation, that it would produce the most disastrous kind of disturbance in the part; but when you observe the change of structure which chronic inflammation is capable of producing, you find that it is a much more uncontrollable process, and is attended with much more formidable mischief. We frequently hear and read of the expressions—the acute and chronic *stages* of inflammation. If we survey any particular case of inflammation, we do not find that it is one and the same process throughout: we observe, in fact, that there is a succession of phenomena; we find that inflammation commences insensibly, gradually increasing, till it acquires a certain development. It remains for a time in that state, and then gradually recedes as the part recovers a healthy condition. The whole of the circumstances embraced in this course pass under the name of inflammation, and yet the various portions of its progress differ considerably from each other. If we were to divide each inflammation into three periods, a period of formation in which the symptoms arise and proceed to a certain extent, a period of full development and a period of decline, we should find that the two first of these are nearly alike in most cases of active inflammation—there is no great difference in respect of the length of time they occupy; but the third period, or the decline—that portion of time which intervenes from the point at which the symptoms begin to lessen until the part recovers its natural state, differs much in its duration in different instances. When the inflammation is very violent—when it is allowed to pursue its progress uncontrolled—and more particularly if the circumstances that have excited it still continue to act, although the more violent symptoms may become lessened after a time, yet the state of inflammation continues for a long period before the part recovers its natural condition, The part is still inflamed, but the pain is less; the interruption of function is not so great, and this minor degree of inflammation, which continues for a long period under the circumstances that I have mentioned, is called frequently the chronic stage of inflammation; the former period, in which the symptoms are more violent, being called the acute stage.

Thus the terms acute and chronic are employed to distinguish different periods of one and the same inflammation. If inflammation is actively treated—if judicious means are employed, which arrest the inflammation suddenly, the part recovers its natural state very quickly, and you can hardly say that any chronic stage occurs. Some persons have not only employed these terms to designate the progress of one and the same inflammation, but they have frequently contended that these two periods are totally different in their nature, and produce a different disturbance. The acute stage is regarded as the result of the increased action in the part, and the chronic stage as the result of the weakness, or debility, of the part; and they have founded on this alleged difference a corresponding difference in point of treatment, for they have contended that the atonic state requires tonic and stimulant treatment.

I consider that this view is erroneous. Without undertaking to say that there is no difference between acute and chronic inflammation in general, I have no hesitation in affirming that such difference does not exist between the acute and chronic stages of one and the same inflammation. I admit that there is a difference of *degree*, and that the chronic is a period of less violent disturbance, but still it is the same *kind* of disturbance; and in proof of this, we find that the acute form may pass into the chronic, and the chronic may relapse into the acute. When inflammation of the eye has arrived at the chronic stage, if the person be imprudent, or from various other causes, he may have all the phenomena of acute inflammation reproduced; and when you find that within a short period one stage can pass into another, and *vice versa*, you cannot admit the notion that these two stages are opposite to each other in their nature, and in the treatment they require.

WAKLEY, ASTLEY COOPER, AND GEORGE IV.

A few days subsequent to the unlucky mischance to our friend Wakley, Sir Astley was called to court, when his Majesty thus addressed him:—

"Why, Cooper, what is this I hear? I understand you are about appealing to the law, against the publication of your lectures in the 'Lancet.'"

"Your Majesty is correct; I am endeavouring to put a stop to the publication of my lectures in the journal to which your Majesty alludes. But, may I request to be informed by what means your Majesty became acquainted with my intentions on that subject?"

"Oh, certainly," returns his Majesty. "I peruse that work, and admire your lectures. In consequence of perceiving a notice from the editor of that journal relative to your threats to appeal to the law, I sent for you, to ask if you are *ashamed, or doubt the accuracy, of your own doctrines?*"

"*I ashamed,*" stammered out Sir Astley. "*I doubt.* Why, surely your Majesty cannot suppose I am, after so many years of expe—"

"Well, then, Cooper," interrupted the King, "if you are not ashamed of your discourses, why prevent your opinions from being disseminated to the world. I am quite certain," continued his Majesty, significantly, "that I should feel *very much disappointed* if deprived of the pleasure of perusing your discourses."

Sir Astley bowed in submission, and took leave.

Mr Wakley pursued his course, wondering what strange chance prevented Sir A. Cooper from proceeding against him. We, of course, knew the cause, and we now give our information to the world. A very different course was pursued by Mr Abernethy. But we must hold our pen for the present as our columns are full.

We understand that an application has been made by Sir James M'Gregor to Lord Hill, the Colonel of the Blues, for leave of absence for Mr Gulliver, as he intends to proceed to Lilliput, to discover the size of the pus globule in the Lilliputians while under an attack of inflammation. We will take care, directly he returns, to communicate his experiments and results to the medical public.

SPIRIT OF THE PRESS.

[In this portion of The Medical Times it is intended to place all that may be most valuable or interesting in contemporary journals. In making the selection, we shall not be deterred from quoting an excellent paper because the merit of its first publication may be due to a rival journalist; and thus we shall embalm in our pages the spirit of the press—at once extending the reputation of the various authors, and increasing the value of our own publication.]

M. LOMBARD ON THE TONIC TREATMENT OF TYPHUS-FEVER.

The following extract from a very elaborate paper, entitled 'Clinical Researches on various points in the History of Bilious and Typhoid Fevers,' by Dr Lombard, physician of the Hospital at Geneva, will be read with pleasure by those who take an interest in comparing the opinions of our continental brethren with those of the experienced physician at home. It is worthy of notice that Dr Lombard studied his profession for several years in England and Scotland, and acknowledges his obligations to the instructions which he had derived in London and in Edinburgh. "In the greater number of the cases treated during 1837, I employed tonic medicines freely; the results were by no means unfavourable, as I lost only three out of twenty-one patients. The tonics were administered sometimes in the very commencement of the disease, or rather from the admission of the patient into the hospital, whenever the case appeared to be very serious; but in the greater number of instances, recourse was had at first to the use of baths and of purgatives. If the case however became aggravated in spite of the use of these means, then no time was lost, and the tonic regimen was at once adopted. The tonic which I usually employed was a camphorated mixture sweetened with syrup of cinchona: to this the acetate of ammonia, or the decoction of the senega root, was sometimes added, especially whenever any thoracic complication was present. I have also made frequent use of the sulphate of quinine in combination with benzoin—the former as a tonic, the latter as an expectorant. Along with these medicines a portion of Malaga or Bordeaux wine, or even brandy or other spirit, may be administered in certain cases with very decided advantage. Often, under the judicious employment of these remedies, have I found the pulse become calmer and less rapid, the skin of the body lose its harsh and dry feeling, the tongue become moist and clean, and the dark sordid encrustments around the teeth gradually disappear. In patients labouring under that form of typhus fever which is benefited by the administration of tonics, the tongue is usually observed to be dry, and often cleft or chapped, dark-coloured on its surface, and bleeding. The use of stimulants has in my practice often very speedily dissipated this and other symptoms,—the state of the tongue now described being, in the course of a few days, followed by a more healthy condition of its surface. It is therefore quite a mistake to suppose that the tonic regimen, in such cases at least, has a tendency to increase the ferbrile irritation, and cause the tongue to become more parched. As to the low muttering delirium, which very generally accompanies the worst forms of typhoid fever, this symptom too is equally mitigated under the judicious administration of tonics and stimulants. The diarrhœa also, which is a very common symptom in aggravated typhus, usually abates at the same time. Let it not be supposed that we recommend the adoption of the tonic treatment in all cases of this fever indiscriminately. The milder forms are best relieved by the use of baths and purgative medicines, and by quietude in a pure atmosphere. It is in the more severe and aggravated varieties of the disease, when there is extreme prostration and stupor, and when the patient seems to have around him a fœtid and gangrenous atmosphere, that we derive the greatest advantage from the employment of stimulants and tonics, as recommended above. There is one remark which I have had frequent occasion to make, and which, being of practical value, should be well attended to by every physician—viz. that during certain seasons and certain epidemics, the tonic mode of treatment will be much more successful than during others. In reference to my own experience I may state that, four or five years ago, if I had given my opinion as to the value of tonics in typhus fever, that opinion must certainly have been unfavourable; whereas within the last three years I have witnessed their efficacy in so many cases, that no doubt remains now upon my mind of their great utility. Still it is to be remembered that the employment of them may not be well suited to subsequent epidemics. It is, in short, only by studying the peculiar characters of each epidemic that the physician can reasonably hope to discover the appropriate mode of treatment; for what is useful and proper at one time is positively injurious at another. Hence the imprudence of insisting upon any exclusive and uniform practice, to be followed out in all cases; as if the disease was invariably and necessarily the same. We cannot indeed explain on what the difference of seasons, in respect to their influence on the character of fevers, depends: the fact however is too well known to all experienced physicians to admit of any doubt. Whatever mode of treatment be pursued in typhus fever, the most exact attention to extreme cleanliness and to a free ventilation of pure air is of the highest consequence. In the hospital at Geneva, the typhus patients are provided with two beds each, so that they can change from one to the other, morning and evening. Frequent ablutions and sponging of the surface are of the highest utility. In all severe cases the head should be shaved, as the application of cold spirituous washes to the scalp is most soothing and refreshing.—*Gazette Medicale de Paris.—Medico-Chirurgical Review.*

ANATOMY BILL.—PRIVATE SCHOOLS.

[We make room for the following letter, merely premising that the article alluded to by Mr Dermott was quoted by us from 'The Lancet,' which fact was stated at the time of its insertion.]

TO THE EDITOR OF 'THE MEDICAL TIMES.'

October 15, 1839.

Sir,—Permit me to make a few remarks upon a quotation which appeared in the second number of your new and instructive journal. It is therein stated that "the Council of the College of Surgeons presented a memorial to the Secretary of State for the Home Department relative to the supply of the Schools of anatomy with bodies for dissection, and prayed that the distribution might be intrusted to the memorialists—that some of the teachers in the private schools, with that mean and slavish submission which has often, at other times, characterized their conduct, have joined the council in this dirty manœuvre, and become their fellow-memorialists." This assertion, as to the imputed slavish motive, so far as it concerns myself, I must positively deny. Will it be believed that some of the private schools, at this late hour, have not yet been supplied with a single subject wherewith to commence their demonstrations?

It is stated that "the Secretary of State is empowered to appoint Inspectors of Anatomy, and not Distributors of Bodies." This only proves what a lame and impotent bill the Anatomy Act is, and what bungling cobblers the assumed medical legislators are, that the very vitals of the act should have been—either from stupidity or design—overlooked, in there being no provision made for an equitable distribution of bodies, which throws open this Anatomy Act to the vilest Whiggish manœuvres to be played in its administration, and for it to be exercised with the greatest degree of partiality. Nay, more, Sir; I will fearlessly state, and it may be within your remembrance, that when this stupid bill came into play, that the large monopolizing schools possessing parochial interest, engrossed for some time the whole supply, until—principally upon the strength of my own written remonstrances—Lord Melbourne, in the cause of justice, stretched his prerogative, and established, to a certain degree, an equitable distribution of subjects, which has been continued ever since.

It is stated that "one proposal of the memorialists merits particular notice. The majority of the Council, and their relatives and immediate connections, being the hospital surgeons of the metropolis, claim the bodies of persons who die in the hospitals for the schools of those said hospitals! In other words, it is suggested by them that *they*, being in possession of certain preserves, shall bag and carve all the game that shall be killed therein."

Now, Sir, this observation has no force by way of *comparison*, because the same (understood) regulation has been administered in full force up to the present day. Moreover, it is well known that certain parishes have always been so many *preserves* in favour of some few monopolizing or conservative schools; for instance, the parish in which I now live.

In proof of what I have already advanced, let us allude to the supply of bodies to some schools (taking them promiscuously) up to the present time. Guy's: Two subjects from Dr Sommerville, and five under the process of dissection besides.—Mr Lane's school: None since October, but one preserved in ice.—Kinnerton street school: One.—Little Windmill street: One, since removed.—Aldersgate street: One.—Bartholomew's: Five; one from Dr S., and four from hospital.—Westminster: None.—London University College: Nine, including two from Dr S., and seven which they have had besides, under the process of dissection.

Thus Dr Sommerville has first supplied those who "bag" the most from the hospitals. Is this equitable? I advocate the change merely upon the same principle which a mechanic exercises in his calling—if one tool suits not, I try another; and, if necessary, another and another, until I have the best, bad as they may all be under the present dastardly act of Parliament. At all events, a public office, with open books, is more like the mode in which Government business ought to be conducted than a private house, with the possible salutation of "Not at home," or "Out of town." As a distributor, in my opinion, Dr Sommerville is one of the last persons who should be chosen, on account of his being linked with the London University College; nor is there any great wonder in Mr Quain not having signed the college memorial, inasmuch as the monopoly to which he belongs is an opposition shop to the College of Surgeons.

Now, Sir, the ground upon which I signed the memorial was with this pledge on the part of the memorialists, "That, although at the present time they were obliged, *pro formâ*, to abide by the regulation to which reference has been made (bagging the game from the hospitals, &c.), for the purpose of preserving, and, if possible, increasing the supply, on account of some parishes persisting to supply some schools to the exclusion of the rest, they would nevertheless forego this provisionary regulation as soon as it could be done." Moreover, that all the subjects received by the hospital schools from the hospitals, as well as all those received from certain parishes in favour of any specific schools, shall be duly accounted for and registered according to the system of an equitable distribution of bodies, in the ratio to the number of dissecting pupils attending each school; and moreover, that each private school shall be supplied with three bodies for each course of demonstrations, according to *alphabetical order*, independently of those allowed the pupils for positive dissection. This is decidedly an improvement upon the present state of things.

There must be, Sir, a thoroughly sifting inquiry instituted as to the administration of the Anatomy Act. How has the supply been conducted during the last and past summers? Has the regulation of sending in the number, names, and date of entrance of pupils been equally enforced and carried into effect with all teachers? Have all the bodies bagged by the hospital schools been duly accounted for in the books of the inspector? Has there been no selection made of the best-conditioned subjects in favour of certain schools? Has every school been dealt with at the commencement of the session according to the professed principle laid down, *i. e.* enabling each school to be supplied with one body, for the purpose of the teachers commencing their demonstrations cotemporarily?

I have more to say, therefore I shall continue my observations in the next. I am, Sir, your obedient servant,

G. D. Dermott.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.
TUESDAY.
WEDNESDAY.
THURSDAY.—Operations at St George's, at one.
FRIDAY.—Operations at St Thomas's.
SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

DR MARSHALL HALL *will find a place in our 'Portrait Gallery.'* MR NEWPORT *will not be forgotten.*

F. C. SKEY.—*We received the note respecting this gentleman, and the travels through the wards of Bartholomew, which annoy the other members of the Medical Staff. More anon.*

J. M.—*Yes, Mr Wakley has sent his second son to Sydenham College.*

A STUDENT AT ST GEORGE'S.—*Yes, many thanks.*

DR ELLIOTSON'S LECTURES.—*Both impressions are from the reports in the 'Gazette,' one is as good as the other, and may be had at nearly a third of the price, of F. Jones, 91 Aldersgate street, and E. Moore, Upper Gower street.*

DR GOLDING *does not lecture at Charing cross.*

AURISTS.—*J. H. Curtis is the first performer of humbug in this department; he has an aide-de-camp who can cure a man who has been as deaf as a post for the last half century. Curtis does not, we understand, account for a shilling of the immense sums received for his Dispensary for Diseases of the Ear; his stable that was.*

A STUDENT AT SYDENHAM COLLEGE *requests insertion of the following:—"We have at Sydenham College a Medical Debating Society, the President of which is Mr Batchelour, surgeon, &c. of Hammersmith. Last year the society flourished, and proved of* immense benefit!! *to my fellow-students, by the production of numerous papers on various subjects, among others was an interesting communication from our President, 'On the Doses of Prussic Acid.' This paper made a great impression on the members, and increased the respect we all entertain for Mr B. Judge, then, my regret that we are near the end of October, and not one meeting has been called by the secretary, Mr Kendall,"*

MR WELLS.—*A letter would have been forwarded to this gentleman, but his address was mislaid. Let him send a report as a specimen.*

The gentleman who took the pains to send two *letters, from* two *places, and to pay* two *postages, will perceive his earnest wish anticipated. It will be continued.*

FINSBURY ELECTORS *will find a more curious memoir of their representative in our Journal than in any other extant. Slow but sure.*

MR POPE OF BRIGHTON *has our thanks for his letter.*

DR ELLIOTTSON.—*A. B.'s defence of Mesmerism and its advocates has been received.*

DR STEGGALL *has sent us a polite letter in reply to our article on "grinding," which system he defends very plausibly, but without proving that it does not indirectly encourage idleness. He ought to feel that we have no hostility to himself—it is not the* men, *but the* system, *we attack. He continues: "In regard to the Manual, Mr Hilles wrote a part of it, for which I paid him to the extent of his wishes, and more liberally than booksellers are in the habit of doing." Further on he says, "I have no interest, and never had (any) in the Medical Miscellany."*

A SURGEON.—*We think Mr Wakley quite right in holding inquests in every case mentioned. No medical man, unless an ignorant one, can object, or has anything to fear.*

A STUDENT.—*There is neither Dr Weatherhead nor Dr Leatherhead, Professor of Physic at Sydenham College, Dr Marshall Hall has resigned, and Dr Sigmond is his successor—the author on Tea and Temperance.*

GRIMSTONE'S EYE SNUFF.—*What on earth could have induced Mr Guthrie to patronize this nostrum. He surely does not recommend it at the Royal Ophthalmic Hospital, or to his private patients.*

T. C. M.—*Mr Justice Maule may be right or wrong. The twelve Judges will determine. It would be singular if all other judges since* 1815 *to* 1839 (24 *years) were in errorr—time will prove.*

FAIR PLAY.—*We know quite enough about Mr Peter Cosgreave.*

JUSTUS.—*Mr Green, of Tothill street, Westminster, is a Life Governor of the Westminster Hospital, Charing cross Hospital, and other charities. He certainly supplies a fair portion of drugs to those institutions.*

AN INHABITANT OF CHARTER HOUSE SQUARE.—*The Infirmary for Diseases of the Rectum cannot be removed while supported by Alderman Copeland and other corporators.*

MORISON'S PILLS.—*The discoverer was a private soldier—Lynch is an adventurous Hibernian. He writes for a valuable consideration. Moate has been dead many years.*

A. B. C.—*Crucifix has lost all shame, and outrages Masonry.*

A LOOKER-ON.—*Mr H. only received* 1,000*l.*, *not* 1,500*l.*; *part was given to his colleagues.*

A LIVERPOOL SUBSCRIBER.—*We are sorry to hear it—few of the faculty act so dishonourably.*

A. Z.—*Mr Mayo is now senior surgeon to the Middlesex Hospital, since Sir Charles Bell retired and went to Edinburgh.*

A STUDENT.—*Mr Meade is dead. He got into bad hands in London, and this accelerated his fate. See Dr Steggall or Mr Power.*

J. B.—*Mr Lizars was most scurvily received, but "est modis in rebus," was Mr Liston at the bottom of it?*

J. P. H.—*Suppose King's College Hospital is near a churchyard, there is surely nothing in that circumstance, when the establishment is supported by the clergy, the Archbishop of Canterbury, the Bishop of London, &c. &c.*

HOMO.—*Roderick has little or no connection at present. Domier is the man—a brilliant luminary.*

A WESTMINSTER STUDENT.—*Pray what have we said of modest Mr Hilles, that is not true?*

A PRACTITIONER.—*Send us the particulars about Mr Gurwood, and we shall publish them.*

A. B. C.—*The London Hospital School has been long* infra dig., *because it is a gross job. Pray send us the particulars.*

*** *Several other correspondents next week.*

Letters for the Editor, books for review, and any other communication, must be sent, free, to the care of the publisher, Mr Brooks, 421 Oxford street, London. Unpaid letters must be refused.

THE MEDICAL TIMES.

FIVE weeks have sufficiently demonstrated the correctness of the views upon which THE MEDICAL TIMES was started; and afforded the fullest evidence that medical men, as a body, are fully alive to the position they occupy, and acknowledge an urgent necessity for its improvement. Like every other profession, medicine must advance with the times, in order to obtain the respect of the public, by which only it can hope for the fulfilment of its highest objects. The laws which regulated its corporations when they first started into being, have become too antiquated to afford the requisite conservation of the profession; and, instead of assisting its onward progress, now hang around it like shackles, checking its career. As in other cases, the power originally lodged in the hands of a few for the benefit of the entire body has been perverted; and, if now exercised at all, is called into play for the benefit of the clique who have converted into a private estate that which is public property. The inevitable consequence of such a state of things is strikingly evincing itself. The most talented men are shelved in favour of those who have influential connections; cash takes precedence of skill; and quackery and humbug stalk abroad in open daylight, unchecked and almost unchallenged. Ability wanders about seeking employment, while mediocrity fattens in idleness; and day by day corruption and jobbery are bringing the profession of medicine into public contempt. The journals which devote themselves to the subject are in favour of Reform. Yes; but how far. With one exception, perhaps, they all express anxiety for the reformation of abuses; but all are, in one way or other, interested in keeping up the present state of things—each willing to pluck the mote from his brother's eye, but none willing to surrender the beam that disfigures his own. THE MEDICAL TIMES was commenced independent of all parties, with but one object—FULL AND PERFECT MEDICAL REFORM; with but one method of fulfilling it—A FEARLESS EXPOSURE OF ABUSES. Public opinion is the grand touchstone by which to test public conduct. To this ordeal we are determined to submit the vital question of—SHALL THE PROFESSION BE REFORMED OR NOT? We boldly commenced the work by unmasking chicanery; public support of our efforts has been instant and hearty. It was all the encouragement we sought, all the guerdon we required. The good work shall be fearlessly pursued, and the result cannot fail to be satisfactory.

WESTMINSTER MEDICAL SOCIETY.

OCT. 19.—This singular body of medical men, composed of the most diversified characters which the profession in London can present—a medley of the enlightened and the unenlightened, the respectable and the disrespectable—resumed its meetings for the season on Saturday last, at its new apartments in Exeter Hall;—a change of location which, by the way, appears to us judicious, inasmuch as its present place of meeting is a commodious and comfortable room, whilst its former one was little better than a barn. The assemblage of members was not numerous; nor did it comprise any of the heads of the profession, except, perhaps, Dr Anthony Todd Thomson, who made himself remarkable by the pomposity which he maintained throughout the proceedings, occupying the most prominent position, and exhibiting the air and manner of a man who deems himself immeasurably superior to all around him. The Scotch doctor, however, is one of the principal officers of University College, and must have his way; so, too, must the *modest* Mr Hilles, "Professor of Anatomy and Physiology to Westminster Hospital"!

Mr Thurnham occupied the chair. Mr Chance, and Mr J. F. Clark, officiated as secretaries.

Dr BIRD, in the absence of more important matter, detailed the particulars of a case which strikingly illustrated a singular class of effects, produced by powerful stimulants on the animal system. The case was that of a man, by trade a distiller, who, having taken by mistake half a pint of alcohol, dropped down senseless, and, though brought round, continued subsequently quite somnolent, so as to be unable to resume his business. Dr B. prescribed for him purgatives, antiphlogistic regimen, nutritious diet, &c., by which he was greatly relieved; but his mental faculties appear to be deranged for life.

Dr CHOWNE observed, that similar cases were not uncommon, and that the effects detailed in the present instance were those which generally followed great indulgence in spirituous liquors. The cir-

cumstance of relief having been occasioned by purgatives indicated merely functional, and not organic derangement of the brain.

Mr Marson then read a paper on Variolous Opthalmia. The author elaborately described the pathology of this disease in its several stages. He disputed the opinion that ulcers of the eye may be immediately caused by small pox, and adduced several instances in support of his views. The treatment which he had found most effectual, consisted of topical bleeding, poppy fomentations, sponging of the eyes with milk and water, calomel and rhubard administered every other day, together with saline remedies. Lunar caustic may also be tried; but it is rendered unnecessary by the application of leeches. Whenr ulceation, however, takes place, accompanied by great debility, depletion is unnecessary. Blisters, in severe cases, will be found serviceable if applied to the head.

A protracted discussion followed this paper, in which several of the members joined; nothing, however, of novelty or importance was elicited.

THE ELECTION AT THE MIDDLESEX HOSPITAL.

The usual medical Election Farce is going on here, as it has before and will again until the present system of Hospital Government is improved. According to the usual course, all the preparatory steps have been gone through with a degree of preciseness calculated to engender the belief of everything being fair and honourable. Candidates have been invited, advertisements issued, a day for election appointed, and yet, incredible as it may seem to the uninitiated, all this is a mere show—a farce; the party who is to obtain the situation was fixed upon long before anything else was done, and the election is a mere delusion to throw dust in the eyes of the few who may be *independent* electors. Two good cases are before us—the recent election of Dr Williams at University College, and the farce now carrying on at the Middlesex Hospital, where a vacancy having occurred for a Physician-Accoucheur by the death of Dr Sweatman, candidates are invited to offer, and when they do so, are told "that *it is decided to bring in Dr Ashburner*," and that no one else has the least chance of success. We do not now intend to canvass the merits of the candidates. We quarrel with the system. Dr Ashburner may possess all the talents requisite for the post, but no set of men should be able to say "We (!) we (!!) *intend to bring in Dr Ashburner; no one else has a chance.*" Much has been done to expose these abuses; and, intending to add our efforts towards altering this state of affairs, we shall ever be on the alert to expose most fully all such wretched hole and corner work. The plan of "*concours*" must be adopted to enable the really talented, but perhaps poorer man, to have the chance of an appointment, as well as his more wealthy and consequently favoured rival.

Clot Bey.—This French M.D., Director of the School of Medicine at Alexandria, and raised to the dignity of a Bey by the Pacha of Egypt—who, some years ago, brought over to the School of Medicine in Paris a number of young Egyptian students, who have since become professors in their own country—has arrived at Lyons, for the purpose of examining the different public establishments of that city. After performing several operations, Clot Bey, in an assembly of the leading physicians and surgeons, explained his opinions on the subject of plague, and gave a detailed account of his experiences during the prevalence of that frightful malady. The bold and devoted conduct of this celebrated Frenchman on that occasion, will be in the recollection of some of our readers. "*Our* battles," said Ibrahim Pacha to him, referring to his exertions, "last but a few hours—*you* have fought one of five months." M. Clot described to his auditors the excellent organization of the School of Medicine established at Cairo—that new instalment of the debt of science paid back by Europe to the East—and announced his intended publication of two works—one 'On the Plague,' and the other 'On the present Condition of Egypt.' —*French papers.*

PROVINCIAL MEDICAL AFFAIRS.

Birmingham.—Clinical Hospital.—We understand that a hospital for practical instruction at the bed-side, as required by the University regulations, is about to be established in connexion with the Royal School of Medicine and Surgery, Birmingham. The proposal—which has originated with the generous and benevolent Vice-President, the Rev. Chancellor Law, and who heads the list of contributors with a donation of 200*l.*—has already met with the sanction and support of many of the noble patrons, and the Rev. Dr Warneford. The site proposed to be selected will embrace the populous district of Deritend, Bordesley, and Duddeston and Nechells.—*Shrewsbury News.*

Presentation of Plate.—A handsome silver waiter has been presented to Mr James Harmar, surgeon, of Birmingham, by the Lecturer on Anatomy and Surgery, bearing the following inscription:—"Presented to James Harmar, Esq., in testimony of his valuable services rendered to the Anatomical Class of the Royal School of Medicine and Surgery of Birmingham, during the session of 1838-39, by his sincere and obliged friend, William Sands Cox."

Staffordshire.—Mr Seldon has been elected one of the surgeons to the North Staffordshire Infirmary, in the room of George Wood, Esq., resigned.

Shrewsbury. — The disreputable proceedings which brought the Salop Infirmary so unfavourably before the public and the profession, are still in progress. "This Institution," says the *Shrewsbury News*, "was established among the first of similar institutions. From the very day of its foundation (and we speak from a careful examination of all the records necessary to ascertain the truth of what we state) not a solitary case that has occurred within its walls has ever found its way into print; not one medical officer belonging to it ever attempted to enlighten his professional brethren, either by regularly lecturing or by incidentally explaining the cause of disease and its rational treatment, with the exception of the late lamented Dr Webster, whose expulsion was brought about by the malevolent haters of his reputation and genius, urging a set of clamorous pharisees to revenge, in his person, a moral peccadillo which dozens of his judges to this day notoriously commit with impunity. A man of ability about to enter the Salop Infirmary is met on the threshold by Messrs Cotton, Corfield, and Burton, who appropriately enact the characters of *priests* to the Elusinian mysteries (of ignorance) *Procul hinc! procul este profani, conclamant vates, totoque absistite luco!* 'Be off' with ye, Webster, Farr, Blower, Clement, Johnson, and Keate. You are clever men, and therefore unfitted for the Salop Infirmary, "wherein eternal dunces ever reign." Intellect may be a useful commodity elsewhere; but here, being all blockheads together, we are determined to support Pope's doctrine of a little knowledge being a dangerous thing, by shutting it out *in toto*, and you of course with it. Dickin and Burd are the fellows for us; so before you can hope to be their colleagues, you must have your brains pumped as dry of ideas as a Queen Anne farthing, or a gooseberry tart.' It is anything but pleasing to us to have constantly to revert to a subject so disreputable to the county as the management of the Infirmary in respect to its honorary officers; but we are prompted to keep the notorious abuses of the establishment before the eye of the public, in the hope that exposure and a sense of shame will lead to that reform which never can be looked for from the sense of justice seemingly entertained by those people who originated the cabal against Dr Johnson and Mr Keate. We shall have a word to say to whomsoever may be the successful candidates for the offices vacated, that they may know that whatever be the means of pleasing the Directors, the way to please the public is to pursue a thoroughly upright and independent course, regardless of all reward except that which is the never-failing attendant upon the conscientious discharge of duty."

Aberdeen.—Two professorships have been instituted at Marischall College—one of anatomy and one of surgery; the first has been presented to Allen Thomson, M.D., lecturer on anatomy in Edinburgh; the other to Wm. Pirrie, M.D., formerly lecturer on anatomy in Aberdeen.

INCIPIENT DELIRIUM TREMENS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—It is my object briefly to exemplify a mode of procedure in cases similar to the subjoined, which facilitates the adjustment of the subsequent treatment, otherwise often a matter of considerable perplexity to the junior practitioner, and which I have seen not unfrequently more active than was requisite. The affection appears to be the incipient stage of delirium tremens:—

Mr N—, æt. 36, July 24, 1839. During the last week this gentleman has been labouring under considerable mental excitement, owing to pecuniary embarrassment; he has likewise been drinking very freely; left home about two hours ago with the intention of going into the country, and in apparent health, but returned in about an hour and a half without his hat, having evidently been running violently; he talks wildly at intervals; cannot tell where he has been, and knows no one; he then falls into a state of stupor from which he is roused with difficulty; puts his hand to his head at times as though in pain; eyes suffused and pupils natural; pulse very feeble, 78; hand slightly tremulous. A large dose of ammonia was administered, and a few minutes afterwards a scruple of sulphate of zinc, which acted freely as an emetic in the course of ten minutes. Reaction rapidly came on, and he became somewhat rational, though the mind was still much confused; in the course of two hours the reaction became violent, delirious and restrained with difficulty; pulse 90, full and bounding; venæsectio ad six ounces; as the blood flowed he became tranquil, and when four ounces had been abstracted he appeared to wake from sleep, unconscious of all that had previously passed; he fainted, and on recovering was perfectly rational. Nothing further was done, the next day he was as well as usual.

J. M., æt. 56, July, 1839. This man was supposed to have taken poison, laudanum and oxalic acid having been found in his possession; there are, however, no symptoms of the administration of either, but he has been drinking very freely all day; he has been somewhat similarly affected before, and was wounded in the head some years ago. He talks wildly and incessantly. Is very restless, and can with difficulty be restrained from going out, as he says, to accompany the Queen to Parliament. Pulse natural. No pain nor sickness. Great thirst, and tongue very foul, hand slightly tremulous. A sulphate of zinc emetic acted in about a quarter of an hour, relieving the stomach of what appeared to be a mixture of gin and beer. He instantaneously became sensible and recognised those around him. Smart reaction came on, in a few hours, unattended with delirium, which was quickly subdued by the administration of purgatives and a little tartar emetic.

From the result of these and other cases I am now always in the habit of prefacing treatment with the exhibition of an emetic of sulphate of zinc. It has the beneficial effect of relieving the stomach of its contents, which, if not previously entirely ejected, constitute an irritating cause, and more especially of inducing a state of reaction which throws light on the true constitutional condition. We are then able to perceive whether depletion, opiates, or stimulants are indicated, previously quite a matter of doubt;—and often the shock given to the system will produce an immediate salutary result, and interrupt the course of the disease. Yours obediently, H. B.

Obituary.—In Orchard street, Portman square, Pierse Hackett, Esq., M.D., late of Southampton.—At Burton-upon-Trent, in consequence of the injuries received from the overturning of a carriage, Mr W. John Parker, many years a surgeon in Birmingham, leaving numerous deeply attached friends and relatives to deplore his dea

REVIEWS.

The Medico-Chirurgical Review, No. 62, October, 1839. Edited by James Johnson, M.D., &c. &c., and H. J. Johnson, Esq., Lecturer on Anatomy. Pp. 300: Highley.

A VERY interesting number of this valuable quarterly. It opens with a long review of that most gossiping of gossip-books, 'Physic and Physicians,' taking at the same time 'Pettigrew's Memoirs.' After culling some of the best stories and anecdotes, we have a notice of Dr Hake's 'Treatise,' in which the reviewer very charitably, and it may be judiciously, suspends his judgment until the publication of Mr Keirnan's, merely hinting in the meanwhile, that "the literary robber and the scientific swindler are as dangerous and as despicable as the ruffians and vagabonds of every-day life, as much to be discouraged by the honest expression of public opinion, and as openly to be denounced by the 'hue and cry' of criticism." After 'Varicose Capillaries' comes an article on the 'Abuses and Evils of Medical Charities,' a subject which may worthily occupy the best attention of the profession. The indiscriminate dispensation of gratuitous medical advice and drugs, to every individual who may apply for them, without reference to their circumstances, has led to the charities of the country being burthened for the relief of many whose pecuniary means would enable them to pay for that assistance which their want of self-respect allows them to accept as charity. This is an evil fraught with very serious results to the junior practitioner, and calls for immediate consideration from those who can apply a remedy. Then follows a notice of 'Dr Rogers's edition of Elliottson,' after which comes the work of 'Mr Davies of Hertford,' from which is taken some strong views with reference to the use of the new, 'fashionable,' and we believe valuable medicine, iodine. From the 'Transactions of the Medical and Physical Society of Bombay' we venture upon an extract which affords a specimen of an Indian surgeon in his way a kind of *Hindustanee Liston*.

"He was also skilful in removing cataract, though his success, if he ever did succeed, was inexplicable on any principles known to us. Of the eye, and its contents, he had not the remotest idea. Cataract he called and considered *purdah* (a screen); to remove that screen, he announced, as the object of his operation, but conscious that he had never really succeeded in withdrawing this screen, he usually, before the operation, furnished himself with a small shred of onion peel, which he managed to wrap round his instrument, so that on withdrawing it from the eye, and plunging it into a vessel of water, the shred might appear floating on the surface, thus affording the most indubitable evidence of his skill and success. His implements were certainly wretched. He had an old lancet with which he made his incision, and to prevent it entering too far, had it wrapped round with cotton thread, to within about two lines of the top, so as to leave little more than was sufficient for cutting through the thickness of the sclerotica. His incision was always made from below, directing the patient to look up, and entering the lancet over the lower eyelid into the white of the eye, when he had it well exposed. He did not seem particular as to the exact spot; anywhere, between the cornea and the reflection of the conjunctiva, was all the same to him. Having made his incision, he withdrew the lancet, and proceeded to introduce a long copper probe, on the top of which was a sort of irregular, triangular pyramid blunted at the point, to prevent it, as he said, doing mischief. Now commenced the serious business of the operation, for taking the handle of the probe in his fingers, he set to, twisting it round and round until, by some chance, one of the corners hitched against the lens, and drew it out of the axis of vision. In this process great part of the vitreous humour was discharged, dreadful laceration occurred, and, not unfrequently, blood flowed freely. The minute the patient exclaimed, he saw, the instrument was withdrawn (the lens being never extracted, but merely reclined, or depressed), a piece of cotton dipped in a mixture of opium, oil, and turmeric was dabbed on the eye, and the operation declared to be finished. Occasionally the additional precaution was taken, of making three issues with a hot iron, one behind, and two over the eyes; but no further treatment was known or thought of. It will readily be believed that, after such operations, the occurrence of inflammation of the globe is almost inevitable. This they have no means of checking, and the operation ends far more frequently in the total destruction of the globe, than in the restoration of even imperfect vision.

Dr Holland's Medical Notes and Reflections are the subject of a long and valuable paper, and the remaining portion of the present number is made up with the usual quantum of cases and other matter from the various journals of the Continent and America; from which fruitful division, by the way, we shall embellish our 'Spirit of the Press' as occasion may require.

Illustrations of Midwifery, a complete Atlas and Companion to all Obstetric Works. By M. Ryan, M.D., &c. &c. Part I. Pp. 32. Plates. Baillière.

THE present work promises to be a valuable addition to the library of both student and practitioner, and is calculated to occupy most efficiently the place hitherto taken up by the dozen or two of meagre manuals upon this important branch of general practice. Dr Ryan's former works sufficiently guarantee the perfect completion of what is now commenced so well, and the publication of these 'Illustrations' in periodical parts will render their purchase easy of accomplishment by every student. The number before us contains four plates, and if this portion of the work is carried out with the completeness which the present figures leads us to anticipate, it must form altogether the best work on the subject. Of this, however, we may judge better as it progresses, but we do not doubt but that it will do much towards superseding the heavy and expensive treatise by Dr Davis.

The Unity of Disease, analytically and synthetically proved, &c. By Samuel Dickson, M.D., &c. &c. Pp. 200. Simpkin and Marshall.

As might be imagined from the title, the author of this work attempts to prove the identity of all the numerous ills that flesh is heir to; asserting "that intermittent fever is the type of all disease." In support of this position much industry has been employed to cull passages from authors ancient and modern, medical and non-medical, which appear favourable. In addition to those enumerated in the volume the author has forwarded to us a few additional ones, but, despite this, we must confess that neither the weight of the authorities, nor the arguments adduced from them, have had the effect of convincing us. Yet there is much amusing matter in the volume, and though we cannot exactly agree with the author that the fainting fit sometimes induced by the passing of a catheter "is an extreme shade of the cold stage" of ague, yet we have to thank him for a pleasant half-hour occupied with his most original lucubrations.

An Exposition of Quackery and Imposture in Medicine; being a Popular Treatise on Medical Philosophy. By the Author of 'The Philosophy of Living.' With Notes by W. Wright, Surgeon-Aurist, &c. Pp. 259. J. S. Hodson, Fleet street.

A WORK intended to overthrow quackery by teaching the elements of medical science—to expose the absurdity of universal panaceas, elixirs, and pills, by explaining to the swallowers of such nostrums the futility of anticipating advantage from their use. This, although a very philosophic way of dealing with the question, and best adapted to have the desired effect with the educated portion of the non-medical community, is, in our estimate, too slow a process for getting rid of the evil among the great majority, upon whose ignorant credulity it fattens. The work has the merit of not being one of the Every Man His Own Doctor humbugs, but by explaining the different vital functions, with a notice of the action of disease and of medicines upon them, show that to ensure success in curing disease all the accumulated skill and science of present and past ages is indispensable! It is from the pen of Dr C. Ticknor, of New York, and has the advantage, in this—the English edition—of judicious explanatory notes by Mr Wright. It deserves an extensive sale. We must extract a passage relative to the state of the Profession in America.

"Many are influenced to enter the profession from the great facilities, pecuniary as well as others, of acquiring a diploma, or licence to practise; little, in truth, being required, under some circumstances, besides a superficial smattering of the rudiments of the profession, and that obtained at an astonishingly cheap rate. How often is it that one, who has failed to succeed, or who may have saved means sufficient, in some other occupation, has in three or four short years, without being blessed with talents above mediocrity, come out a full-grown, thoroughbred M.D. He may, to be sure, have passed through a regular course of medical study, attended lectures, and *paid for his diploma*—and yet a little knowledge of medicine is all to which he can lay claim, without being able to put a sentence together agreeably to the rules of orthography, etymology, syntax, or prosody. Many students graduate with 'signal and distinguished honours,' who have seldom taken a dissecting knife into their hands, or who have often seen it used in the hands of another, and go forth to assume the responsibilities of their profession; and even to sport with the limbs and lives of their fellow-men. Not trained to habits of study—entering the profession as a last resort—and often, then, compelled to employ their time in other ways to obtain a livelihood—it is not surprising that the science of medicine should, from their hands, receive little or no cultivation—that their opinions should be formed with the least expense of purse or labour of mind, and that their practice should be of a character to correspond—an exclusive, empirical routine.

The editor expresses a hope that this picture is too highly coloured: for the honour of the profession we hope so too.

A Manual of the Diseases of the Eye, &c. By S. Littell, M.D., &c. &c. Revised and enlarged by Hugh Houston, M.R.C.S. Pp. 307. Churchill.

To the student who, in the course of three or four years, has to attend to the multifarious branches of medical science, it becomes almost a matter of impossibility to study the voluminous monographic treatises which will worthily occupy his attention when greater leisure affords the opportunity. Under these circumstances judiciously arranged Manuals are the best works to which he can have recourse; more especially when they refer to a class of diseases like those of the eye, which run into such numerous varieties, and for which such various plans of treatment have been recommended. Dr Littell's book is certainly the best which treats of the eye, as that by Mr Walker is now getting out of date, and is very scanty in its details. Mr Houston, the editor of this edition, appears to have added a considerable amount of matter to Dr Littell's text, the additions being judiciously enclosed in brackets; the authorities for the different modes of treatment being also given, with a variety of prescriptions adopted, not only in England, but in Germany, Italy, and France. Altogether, we may safely recommend this neat volume to every student who desires to understand the very interesting department of his profession which it describes.

A Few Minutes' Advice to Deaf Persons, &c. By a Surgeon-Aurist. Pp. 180. J. S. Hodson, Fleet street.

THIS work appears to have been produced rather to acquaint the profession and the public with certain practices of advertising aurists, than to explain the plan adopted by the writer; who, it would seem, has published other works upon the subject. We do not therefore regard it as a treatise on aural surgery, but rather as a most useful exposition, containing facts which we shall not fail to use in due time.

Sparks from the Wheel of a Man Wot Grinds. A Light on the Pharmacopœia. Pp. 82. Butler.

SUCH is the queer Sawbones title of a somewhat clever *brochure*, intended for the members of the class *Mediculus*, and dedicated—'To all those who would rather laugh than weep; to all those who prefer drinking, smoking, and billiard playing, to studying by the midnight lamp; to all those who dread Bridge street, and an edifice hard by: who work more to pass than to learn, and who fear the approach of Thursday nights.' The object of the writer is to help the lame dogs over that awkward stile, the Pharmacopœia—to strike out a few sparks to light up that gloomy book, and assist in decomposing its difficulties. This is attempted by sinking the scientific as far as may be, and giving the information as much as possible divested of technicalities.

Londres Ancien et Moderne, ou Recherches sur l'etat physique et social de cette Métropole. Par A. M. Bureaud Riofrey, M.D., &c. &c. Pp. 196. Paris et Londres. Baillière.

OUR reviews have extended too far already to allow us to say much of this gentleman's contri-

butions to medical science, but we shall go more into detail when we have occasion to notice his work on 'The Education and Diseases of Females.' We must, however, make room here to give our hearty approval of the manner in which he has performed his present task. The notices of the public health of the metropolis from the earliest periods to the present time, with the prevalent epidemics which have ravaged it, form interesting data in making comparisons of relative rates of mortality.

BOOK RECEIVED FOR REVIEW.

'The Anatomical Remembrancer.' By a Teacher of Anatomy in London. Second Edition. pp. 256. Highley.

WESTMINSTER HOSPITAL.

CASE OF FRACTURE OF THE BASE OF THE CRANIUM—FATAL TERMINATION.

October 19, 1839.—Mr Guthrie made some clinical observations on injuries of the head, which he promised to resume at a future period. He remarked that injuries of the head constituted a subject of great surgical importance. It was not the mere fracture of the skull which constituted the danger, but the injury which accrued to the contents. The results of such injuries were involved in the greatest uncertainty: cases apparently at the outset of the most alarming nature, would suddenly ameliorate; whereas others of primarily trivial description would as suddenly deteriorate, and hasten to a disastrous termination. Nothing could be more doubtful or treacherous than the symptoms of these cases, yet there were some which afforded less variable indications than others. Certain symptoms were ascribed to compression and concussion respectively, but it was rare to see a severe case of the former which was not complicated with the latter. Mr Guthrie had always experienced that injuries of the head were dangerous in proportion as they were situated anteriorly: fracture of the os frontis was far more serious than that of the os occipitis. In the case he had to refer to the man fell from the height of twelve feet with the head doubled up under him, so as to strike the vertex. In such cases Mr Guthrie had seen recovery but rarely. The fracture usually extended to the base of the skull, where it was attended with much separation of the fractured portions. In the case in question it was found, on post mortem examination, that the fracture extended completely round, through the parietal and temporal bones into the foramen magnum; also in various other directions.

Edward Alwood, æt. 30, was admitted about noon, on October 7, in a state of total insensibility, with stertorous breathing, fixedly dilated pupils, and a weak pulse of 100. The temperature of the body was rather above the natural standard. There was hemorrhage from the ears, often consequent on a minor degree of injury, but which, when—as in the present case—there was a constant draining, was a bad symptom. There was a puffy tumour on the superior part of the right parietal bone, without any external laceration. Mr White, in the absence of Mr Guthrie, made an incision into the scalp, by which a fracture was discovered, extending on either side without any sensible depression. The man was drunk at the time of the accident, to which, probably, the stertorous breathing might be ascribed. The symptoms of intoxication were always difficult to distinguish from those dependant on the injuries themselves. A good deal of blood was lost from the incision, and consciousness appeared to return to some extent. The man was restless and vomited. Thus the mere symptoms were more those of concussion than serious organic lesion. In the evening he became more sensible, and could be roused to answer. The pupils acted sluggishly. There being an inclination to pass water, without the power of doing so, a catheter was introduced, and a small quantity of urine drawn off. There was peculiar eversion of the right foot, and it was deemed that some degree of paralysis existed worthy of notice, as occurring in the same side as the injury. On the 8th the man was very restless. Pulse weak—84. He had dozed at times during the night, and the bowels had been freely relieved. The respiration was not at all stertorous, but had a slight blowing character from the corners of the mouth. Mr G. felt convinced as to the fatal termination of the case. The man's death took place on the 11th, and a post mortem examination disclosed the extensive nature of the fracture. About three table spoonfuls of blood were found extravasated beneath the site of the injury. The anterior lobe of the brain was found much lacerated and softened, and there were numerous clots in the cerebellum. Much blood was found effused in the internal ear, which was strange, as the hearing did not seem to have been lost.

LONDON MEDICAL SOCIETY.

Oct. 21.—Doctor Leonard Stewart in the chair.

Mr Sheatham described some cases of labour, ineffectually treated by the ergot of rye; and one, especially, in which the administration of that drug caused such a severe and continued contraction of the os uteri as greatly to endanger the life of the patient.

Dr Thomson related the particulars of a case of difficult breathing, arising from tympanitic distension, and having the semblance of ordinary hysteria, in which depletion—although it was thought absolutely indicated—accelerated the death of the patient in a most extraordinary manner. This gave rise to a discussion of considerable interest, as to the diagnosis between direct inflammatory action and that nervous action which seems to be dependent on congestion. No precise rules, however, which should regulate our practice in either case, were elicited. All that could be emphatically laid down was—that, in the one, bleeding was prescribed on account of its absolute necessity; whilst, in the other, it was employed merely "on the principle of tolerance or fashion."

The Chairman brought before the notice of the meeting a new bitter substance, called *monesia*, which has recently been introduced into Paris by a French merchant, and successfully employed in that city in cases of fever, ulcer, and various herpetic eruptions. The members then separated.

[This meeting was better attended than any previous one, and the discussion—as will be seen—not altogether uninteresting. We trust that the society is now alive to the necessity of seeking to redeem its character as an honourable scientific body, which has hitherto, in many points, shown itself so doubtfully If our late castigation has, in any way, aided in bringing about such a change, it will assuredly not have been in vain.]

New Dissecting and Surgical Microscope.—A very neat, compact little affair, well calculated to answer the intention of the inventor, Mr West. It would be well if students would avail themselves of this instrument in the examination of the endless variety of skin diseases, as by its means the specific character of the eruptions would be much more clearly impressed on the mind. Every aid should be eagerly sought to ensure a correct diagnosis, as the success of the pupil in practice is mainly dependant on this point. When the stethescope was first offered to the notice of the profession, many pretended to ridicule its use, who afterwards were outstepped by those who industriously availed themselves of the assistance it afforded. For ourselves, we say—take every means of arriving at truth; let every sense be made subordinate to obtaining a correct knowledge of disease; and, as the eye may be aided by a microscope, let a microscope, when available, be employed. The one on our table is, we think, well adapted for practice, and may also be used by those who are inclined to study morbid anatomy, in discovering the changes wrought in various tissues by different diseases. We may, altogether, very candidly recommend it to notice.

We are desired to state that there is not the slightest foundation for the report that the sweet teacher of the Westminster School is to be assisted by Mr Samuel Cooper in his paper on wounds of the abdomen.

MEDICAL STUDENTS' FRIENDLY AND SCIENTIFIC ASSOCIATION.

October 18.—A society with the above title has just been established, the objects of which are, as stated in the prospectus, first, to create a bond of friendship and an unity of interest between all medical pupils; secondly, to defend their rights and further their interests under any necessary emergency; and thirdly, to afford to each other mutual assistance in obtaining professional knowledge. It already numbers many students on its books, and these are of the active and zealous class. Its meetings are held weekly, when the greatest freedom of discussion is allowed; and all gentlemen are eligible to become members who are studying medicine, or who have already graduated at any of the Colleges. At the last meeting G. D. Dermott, Esq., presided. That gentleman opened the business of the meeting by an eloquent and impressive speech, doing honour to the cause he advocates, and credit to himself. He descanted on the variety of evils and abuses which still existed in the profession, and exposed the absurdity and invidiousness of the distinctions maintained with so much nicety between the different classes of practitioners; operating, as a necessary consequence, to the injury of all parties, and generating discord where harmony and good feeling ought to be predominant. The deficiencies in the prevailing system of education were next adverted to. It was notorious that the student was not stimulated in the pursuit of his studies by the zealous countenance and assistance of the heads of either of the Medical colleges; but, on the contrary, impediments were often thrown in his way, to gratify self-interest. That these evils, so pernicious in their tendency, might in time be swept away Mr D. did not entertain a doubt; but the principal aid which was necessary was the support of the press, and especially the Medical press; and sure he was that they would not be backward on this occasion. Several members having expressed their opinions, the discussion was declared to be adjourned till the next meeting.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

The Army.—19th Foot: Assist.-Surg. J. Young, from the 78th Foot, to be Surgeon, vice J. Wyer, who retires on half pay. 32d Foot: Assist.-Surg. J. Wilson, from the 2d West India Regt. to be Surgeon, vice Brown, deceased. 78th Foot: Staff Assist.-Surg. G. Archer, M.D., from the Staff, to be Assist.-Surg. vice Young, promoted. 2nd West India Regt.: Assist.-Surg. J. Shirreff's, from the Staff, to be Assist.-Surg. vice Wilson, promoted. Hospital Staff: C. Hart, M.D., and Augustus Helse, M.D., to be Assist.-Surgeons to the Forces.

GALVANIC OBSTETRIC FORCEPS. BY PROFESSOR KILIAN, OF BONN.

Desirous of ascertaining how forceps, the blades of which were made of different metals, would affect the uterus in tardy labours, Professor Kilian caused such a pair to be manufactured. An opportunity soon occured for testing its efficacy. Labour was proceeding slowly, from deficient action of the uterus, and for two hours and a half the head had remained in the same spot. The forceps were applied, and, as soon as the two blades were joined, the uterus was felt to contract powerfully, but not in such a manner as to assist in the expulsion of the child.

[Was not this mere accident?]—*Medicinische Zeitung*, No. xii. 1839.—*Med. Chirur. Rev.*

Extraordinary Case of Metastasis.—For some time before the last number of the 'Edinburgh Medical and Surgical Journal' was published, Mr Stafford was suffering from severe headaches and sleepless nights; but ever since it came out he has been labouring under a pain in his stomach, accompanied with contraction of the lower extremities, and sudden exacerbations of a diarrhœtic character.

Apothecaries' Hall.—The following gentlemen have passed:—W. Kerby Lerew, Kent; T. R. Clarkson, Richmond, Yorkshire; William Matthias Jones, Pembroke; Alfred J. Hyde, Bristol; R. Aspinall, Bradford, Yorkshire; Wm. Stone, Arundel; F. H. Hale, Richmond, Surrey; Richard Chambers; John Macmeikan, Stanraer, Wigtonshire; Edwin Morris, Sutton-in-Ashfield.

CRUSADE AGAINST QUACKERY.—"DR W. WILLIS MOSELY, W. W. MOSELY, L. L.D., the REV. Dr W. W. MOSELY and Co &c. &c. &c., No. 9 CHARLOTTE STREET, BLOOMSBURY SQUARE."—This audacious empiric advertises under all these names in the public press, and, if he can be believed, dupes a large proportion of the public; *e. g.* "Nervousness cured and reason restored by simple processes. Medical science has been *charged* with *impotence* in a few of the greatest afflictions of man; of these the greatest are nervous disease and insanity, to remove which professional men have devoted a large portion of their lives, but in vain. Sensible of the doubt, therefore, that exists on the possibility of curing those complaints, DR WILLIS MOSELY has not agitated the public mind by details of 3,500 cures in five years—not a single case has failed, "but has invited inquiry;" and *such confidence has been created*, that three physicians, twelve surgeons, an hospital professor, &c., have placed themselves, their brothers, sisters, or patients, under his treatment, *and each has been cured.*" What a bouncer! "This being the first and only discovery ever made for the cure of nervous complaints and insanity," by a person who is no medical man, but, like Morison, Dr Willis Mosely invites all to share its benefits!! How humane and disinterested! "Apply or address, post paid, to Dr Willis Mosely, 9 Charlotte street, Bloomsbury square. At home from 11 to 3."—*Times*, Oct. 15th. This precious humbug catches flats, sells each an ounce draught at 3*s.* 6*d.*, with pills, powders, &c., at an equally exorbitant rate, and thus gulls his customers. He often advertises as a clergyman, takes the name of Dr Willis, who attended George III, does not allude to money, but does nothing without it. Is this the fellow that was sentenced to 12 months' imprisonment two or three years ago, for confining a lunatic without a licence?

An attempt is being made to found a Medical School in Greece. We trust it will succeed, and that the land of Hippocrates, may yet boast some sons worthy of the great father of Medicine.

ADVERTISEMENTS.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	3s. 0d.
Large	1s. 6d.	5s. 0d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels	0	17	0
Middle Size, " 1,139 "	1	5	0
Large Size, " 833 "	1	14	0
The Three Sizes in One Book, containing 3,008 Labels	3	10	0

CATALOGUES GRATIS.
Engraving and Printing of every Description.

Just published, illustrated by numerous Woodcuts and Plates,

THE SURGICAL ANATOMY of the ARTERIES, minutely given, and especially arranged for the Dissecting-room, together with the descriptive Anatomy of the Heart, and the Physiology of the Circulation in Man and Inferior Animals. By VALENTINE FLOOD, A.M. M.D., Lecturer on Anatomy and Physiology in the North London School of Medicine. 12mo., cloth, lettered. Price 7*s.* Highley, Fleet street.

"The high character of the author as an anatomist ought, we feel, to be no slight guarantee as to the correctness of the descriptive portion of the work before us, but on looking over the pages he has now offered to us, we know not which to commend more—the correctness of the descriptions laid down, or the very great industry displayed by our author in collecting those facts that are *truly useful.*"—Dub. Med. Press, No. 35.

"We could readily multiply quotations from Dr Flood's treatise in support of the opinion which we have delivered on its merits, but this were a superfluous task. We feel confident that it will obtain the full share of patronage which it merits."—Lancet, Sept. 28, 1839.

"Every page of this work is pregnant with information. The Introduction contains * * * * In addition, there are several well executed and correct engravings interspersed through its pages. Dr Flood may rest assured that his work has only to be known to be appreciated, and to add to his already established character as an Anatomist and Physiologist. Every Student, indeed every Practitioner, should possess Dr Flood's work."—Medical Miscellany, Sept. 28, 1839.

"The present work, although consisting of but one volume, and that not a very thick one, is characterized by being more comprehensive in its reach than any of its predecessors on the same subject. * * * * * The more momentous operations on these vessels (the arteries) are illustrated by a selection of the most remarkable cases; the opinions of able operators have been carefully consulted and judiciously commented on. The production is altogether very creditable to its author."—British and Foreign Med. Review, Oct. 1839.

KING'S COLLEGE, LONDON.—MEDICAL SCHOOL, 1839-40.—The WINTER SESSION commenced on Tuesday the 1st October, 1839, with an INTRODUCTORY LECTURE, by Professor ARNOTT, at two o'clock.

Descriptive and Surgical Anatomy; RICHARD PARTRIDGE, F.R.S., to commence on Wednesday, 2d October, at nine, A.M.

Physiology, General and Morbid Anatomy; R. B. TODD, M.D., F.R.S., Wednesday, 2d October, three, P.M.

Chemistry; J. F. DANIELL, F.R.S., Thursday, 10th October, two, P.M.

Materia Medica and Therapeutics; J. F. ROYLE, M.D. V.P.R.S., Thursday, 3d October, eleven, A.M.

Medicine; THOMAS WATSON, M.D., Wednesday, 2d October, four, P.M.

Surgery; J. M. ARNOTT, Wednesday, 2d October, seven, P.M.

Midwifery and Diseases of Women and Children; ROBERT FERGUSON, M.D., Thursday, 3d October, quarter past ten, A.M.

Comparative Anatomy; T. RYMER JONES, Monday, 4th November, quarter past ten, A.M.

The King's College Hospital will be opened early in the ensuing Session, so that the Medical Students can now complete their education at King's College.

J. LONSDALE, B.D. Principal.

NORTH LONDON SCHOOL of MEDICINE, 20, Charlotte street, Bedford square, Bloomsbury, within a few minutes' walk of the Middlesex, St Bartholomew, Charing cross, University, and King's College Hospitals.

ANATOMY and PHYSIOLOGY; Dr VALENTINE FLOOD. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 7*l.* 7*s.*; perpetual to practical and descriptive anatomy, if entered to at once, 12*l.* 12*s.*

DESCRIPTIVE ANATOMY; Dr FLOOD, Mr LUCAS, Mr DUFFY, and Mr OBRE. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 7*l.* 7*s.*

CHEMISTRY; Mr H. LEWIS, B.A., Cantab. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

MATERIA MEDICA and PHARMACY; Dr G. A. F. WILKS Entire session, 4*l.* 4*s.*; half session, 2*l.* 2*s.*; perpetual, 5*l.* 5*s.*

PRINCIPLES and PRACTICE of MEDICINE; Dr RYAN. One session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

PRINCIPLES and PRACTICE of SURGERY; Mr P. BENNETT LUCAS. Session, 5*l.* 5*s.* Half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

MIDWIFERY and DISEASES of WOMEN and CHILDREN; RYAN and Mr RAWLINS. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*; perpetual to medicine and midwifery, if entered to at once, 11*l.* 11*s.*

Summer Session.

BOTANY; Dr WILKS. Entire session, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

MEDICAL JURISPRUDENCE; Dr VENABLES. One course, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

THERAPEUTICS; Dr KLEIN GRANT.

PRACTICAL CHEMISTRY; Mr LEWIS. One course, 2*l.* 10*s.*

CLINICAL MEDICINE; Dr Ryan and Dr WILKS.

Metropolitan Free Hospital, daily at one, P.M. Perpetual Fee to all requisite Lectures, 40*l.* One of the dissecting-rooms will be lighted with gas, as usual, until ten, P.M.

For further particulars apply at the School, or at the residences of the respective Lecturers.

G. A. F. WILKS, Hon. Sec.

WINTER LECTURES.—ANATOMY, PHYSIOLOGY, and SURGERY.—Mr DERMOTT, whose Lectures have been recognised by all the Medical Boards since 1822, commenced his Winter Courses on ANATOMY, PHYSIOLOGY, and SURGERY—his Demonstrations and Dissections, Wednesday, October 2nd, at 3 P.M. Perpetual to all, Ten Guineas. House Pupils have an uninterrupted supply of Dissection, and extra Private Instruction, besides other advantages. The lecture-room and residence within eight minutes' walk of the North London Hospital.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

*** Mr D.'s Series of Anatomical-Chirurgical Plates will be completed in a short time; all applications respecting them must be made to Mr D.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

COURSES of PRIVATE CATECHETICAL INSTRUCTION, with the aid of *recent Dissections and Surgical Operations upon the Dead Body*, will be continued, as usual, during the ensuing winter, by Mr DERMOTT, whereby gentlemen are qualified to pass their examinations.

Pupils entering the above Private Instruction are allowed to attend Mr D.'s Public Lectures on Anatomy, Physiology, and Surgery, also the Demonstrations and the Dissections (recognized by all the Medical Boards), and to receive certificates of such attendance, gratuitously, without extra fee.

HOUSE PUPILS received, who have extra Instruction and advantages.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

NORTH LONDON SCHOOL of MEDICINE.—Mr P. BENNETT LUCAS will continue his Course of LECTURES on the PRINCIPLES and PRACTICE of SURGERY every Monday, Wednesday, and Friday, at 7 o'clock, P.M.

These Lectures are recognized by the several Medical Boards, and are illustrated by Morbid Preparations, Plates, Surgical Casts, and Wax Models.

For further particulars apply to Mr P. B. L., at his residence, 12 Argyll street, Regent street; or at the School.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 13 Castle street, Long Acre (a few doors from Coombe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

UNIVERSITY COLLEGE.

This day is Published, in One very large 8vo. volume, cloth, lettered, containing upwards of 1150 closely printed pages, price 1*l.* 2*s.*

THE PRINCIPLES and PRACTICE of MEDICINE, founded on extensive experience both in public Hospitals and in private Practice, and as developed in a Course of Lectures at University College, London; by JOHN ELLIOTSON, M.D., Cantab. F.R.S., late Professor of the Principles and Practice of Medicine. Senior Physician to the North London Hospital; with Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

London:—Printed for Joseph Butler, Medical Bookseller and Publisher, 4 St Thomas's street, Southwark.

OSTEOLOGICAL REPOSITORY.
45 Museum street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Banchêne.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40*l.*
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45 Museum street, Bloomsbury.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gum Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

GENTLEMEN'S CLOTHES, at REDUCED PRICES.
W. WELSFORD, 146 Leadenhall street.

A Fashionable Coat, Fancy Waistcoat, and Trousers	£4 0 0 to 5 0 0
Handsome Coats, lined with Silk, fashionably made	3 3 0
Fine Cloth Waterproof Great Coats	3 3 0—4 0 0
Double-breasted Swansdown or Valencia Waistcoats	0 10 0
Fine Double-breasted Swansdown or Valencia Waistcoats	0 12 0—0 16 0
Stout Buckskin Trousers	0 16 0
Superfine Cassimere Trousers	0 18 0—1 1 0
Fine Cassimere Trousers	1 4 0—1 8 0
Warm Great Coats for Travelling	2 2 0—3 0 0
Cloaks of all Descriptions	1 5 0—2 0 0
Camlet Boat Cloaks, Cape and Sleeves lined	2 0 0—2 10 0
Satin Waistcoats, newest patterns	1 0 0—1 10 0
Rich Silk Velvet Waistcoats	1 4 0—1 10 0
Young Gentlemen's Jackets, Waistcoats, and Trousers, lined	2 5 0—2 15 0
Pilot Coat, Velvet Collar, bound and lined	1 4 0—2 15 0
A Suit of Livery	3 18 0—4 10 0

Three Suits per Year 12*l.*—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large Assortment of Ready-made Clothes.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5*s.*; Concave, 7*s.* 6*d.*

Best Brazilian Pebbles, in gold frames	£1	15	0	for Ladies.
Ditto, double joints	2	5	0	for Gentlemen.
Ditto, standard silver	0	15	0	for Ladies.
Ditto, double joints	0	16	6	for Gentlemen.
Ditto, finest blue steel frame	0	15	0	for Ladies.
Ditto, ditto, double joints	0	16	6	for Gentlemen.
Ditto, tortoiseshell frame	0	10	0	for Ladies.
Ditto, best black buffalo horn	0	7	6	for Ladies.
Ditto, strong steel frame	0	7	6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebble, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3*s.* 6*d.* to 2*l.* 10*s.*

GLAZIERS' PATENT PLOUGH DIAMONDS, 12*s.* 6*d.*

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£3	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pedimont Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5*s.* to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from 3*l.* 10*s.* to	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 6. Vol. 1. LONDON, SATURDAY, NOVEMBER 2, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 421 OXFORD STREET.

MEDICAL PORTRAITS.

SIR BENJAMIN COLLINS BRODIE, BART.—CHAP. II.

The medical evidence of Mr Home, upon the subject of the mysterious occurrences of that most mysterious night in the palace of St James, produced from the jury a verdict which exculpated the present King of Hanover from any legal inconvenience. Honours flowed in apace. The tide of fortune was at its flood, and *Mr* Home became Sir Everard, with an allowance of eight hundred pounds a year, as the Black Book testifies. Sir Everard was now chief surgeon at the most fashionable hospital, St George's; Brodie was still his fag. The sun that shone upon the master lighted the path of the man; and upon the death of Sir Everard the way was smooth for Brodie to take his place. He became, too, a *scientific* man. He drowned a few mice in a glass vessel, and published a paper for the edification and bewilderment of the Humane Society, who appointed him director. When Sir Astley Cooper—that fine specimen of the good Old English Gentleman, conjoined with the man of science—when he retired to Hemel Hempstead to enjoy the fresh air and a quiet dissecting-room, he said, in the fulness of his feelings and the generosity of his heart, "that he was proud to call Mr Brodie his *friend*." Brodie was appointed at Court, and having, upon Sir Astley's retirement, been the successful competitor for the fashionable surgical practice of the metropolis, when Sir Astley was too old to operate upon George IV, Sir Benjamin was selected to perform the duty. (Sir Henry Halford knows something about this.) Sir Astley Cooper, who all his life had been a most industrious man, found the country too monotonous for his previous habits, and returned to town. His *friend* had all his patients—and he kept them.

After his introduction to George IV, Sir Benjamin's star was indeed in the ascendant, and his talents for jobbing kept it there. He fills up all appointments—his apprentices and friends divide among them the loaves and fishes. Notwithstanding poor Lane's expenditure on the school at St George's, Sir Benjamin must engross all, and founds the Wilton street "Academy," publishes books full of cases, advertises them and himself in every newspaper—conveys the intelligence of one monarch's death to his successor, secures his own appointment as the meed of his exertions, and pushes out Keate, Wardrop, and others, who are obnoxious to him.

Here, then, is the history of a Great Little Man. He has done very little for the improvement or advancement of science, but great noise has been made of what he has attempted. If gathered

"——— to the tomb of all the—*Collinses*"

to-morrow, his name would soon be forgotten, like a host of mere courtiers who have gone before him. But he must not expect to enjoy all things. If posterity forget him, he takes care that his contemporaries shall not—and though dead he be but a common Baronet, yet living he is the "Lion of St George's."

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

III. INFLAMMATION—CONTINUED.

Gentlemen,

Again, sometimes we hear of *active* and *passive* inflammation, which is an expression that to me conveys no clear distinction, and I for one deem it erroneous. I mentioned to you generally the idea that inflammation was increased action, and consequently passive inflammation conveys a contradiction in terms. This notion of passive inflammation is founded on the same erroneous view that I have just mentioned respecting the chronic stage, namely, that there is a kind of inflammation depending on a debility of the part. Admitting that acute inflammation depends on augmented action, it has been contended that chronic must depend on the contrary. I know of no such state myself. It is true, inflammation will differ very much, particularly in respect of treatment, as it occurs in weak or strong subjects; but the difference of the general state of the subject in which inflammation occurs is another point, from a difference in the state of the part itself. What I mean to contend for is, that no inflammation derives its origin from a state of weakness in the part itself; and although the state of weakness in the constitution generally may be *remotely* a cause of many inflammations, yet when the disturbance occurs, it is from an increased action of the vessels of the part.

We also hear of the arteries and veins as being in a state of *congestion*, in speaking of the different conditions in which an inflamed part is found. I acknowledge this conveys no correct idea to my mind. The minute vessels of a part—the capillary system, in which inflammation seems essentially to reside, is intermixed in its ultimate ramifications with the textures constituting the organ, so that we cannot distinguish one from the other. Our means of distinguishing this order of vessels do not go very far; after we have got beyond a certain point there is no distinction that we can make between arteries and veins, and therefore we are unable, in reference to the living state of a part, to see their precise condition.

Inflammation differs essentially in the effects it is capable of producing. When the causes of disease are applied to internal parts, we sometimes observe derangement in a function without our knowing exactly if there be a change in the condition of the part, and we call this state of disorder, *irritation*. This, probably, is the commencement of that disturbance which in a more advanced condition would be inflammation. We sometimes see that there is merely distention in the vessels of a part, which is called congestion; sometimes the state of the vessels is evinced by a discharge of blood;—hemorrhage occurs, and this may take place either from a free surface, as of a mucous membrane, or it may take place in the interior or substance of an organ. Again, we have the effusion of serum, the effusion of lymph, the formation of pus—ulceration: these are the varieties in point of fact which characterize different degrees of inflammation. We have not, perhaps, any direct data for saying that the kind of disturbance in the part which we call irritation, or disorder, is *actually* the commencement of inflammation, we only say it is *probable*. In fact, the word irritation, if employed in contradistinction to inflammation, does not denote any definite state of a part that I am acquainted with. Generally speaking, the word *irritation* is rather used to denote those symptoms which arise from affections of the nervous system; but we also use it in another sense—for instance, we speak of the irritated state of the stomach or alimentary canal. I think we ought to be able, by an accurate analysis, to resolve those conditions in which the term irritation is applied into something like inflammation; but if it is used in all those states in which derangement of the nervous system is involved, we shall then find that irritation cannot well be distinguished from inflammation. Now the various effects I have just mentioned, in point of fact, are generally ascribed to a difference in the degree of inflammation—but not entirely so. Hemorrhage is the result of increased action, which chiefly shows itself in the mucous membranes: hemorrhage into the substance of a part is rather an uncommon occurrence: it takes place, however, in the affections of some internal organs. I fancy an instance was hardly ever known of abscess forming in the spleen; and it is very rare to see it in the kidney. Abscess in the liver is uncommon in this climate, though it is not so in some others. Thus there are peculiarities in the effect produced by inflammation that are not altogether referable to a difference of degree.

Inflammation, then, differs very much in its nature; the difference being, in a great measure, referable to the cause that has produced the disease. I have already mentioned the difference between common and specific inflammation, which must be referred to this head, and I need not particularly advert to the point again. I will only observe, that in specific inflammation we generally find there is a tendency to some particular kind of change in each case; in syphilis, for instance, we find that inflammation generally terminates in ulceration; in scrofula, the formation of abscess, and the deposition of tubercles in various organs, are the most ordinary termination. In common cases, there is a general, regular, and uniform progress of inflammation, from the first commencement to the termination; in specific inflammation, however, there are frequent irregularities in its progress. Sometimes the phenomenon that I have already mentioned—the sudden disappearance (called by the French *delitescence*) is observed. It is by no means uncommon in gout and rheumatism to see inflammation suddenly stop in one part, and then as suddenly appear in another; and this particular occurrence has been called *metastasis*, which means transference of disease. The idea that has been entertained of metastasis is, that the diseased matter which was seated in one organ was transfused or removed to another. It is an explanation founded on the old ideas of the humoral pathology. Now, without entering into any such mechanical view of the subject of metastasis, I may mention that it frequently happens in gouty and rheumatic diseases, that they depart from the part in which they are seated, and other distant parts become as suddenly affected. That is all we can detect in metastasis—we see the removal of the affection from one part, and its increase in another. An individual has a swelling on some external part of the body, and we have the swelling suddenly removed, and perhaps inflammation comes on in the lungs and heart; but how it happens we cannot tell.

These are some of the material points in which

inflammations differ from each other; there are some points of minor consequence, which it is only necessary to allude to generally. Inflammation differs according to the temperament of the individual in whom it occurs; it also differs according to the age, the sex, and the mode of life. Inflammations are also influenced by the state of climate and atmosphere in which the individual lives; and hence we find, under particular circumstances, that certain kinds of inflammation will take place in a great number of persons; thus, more particularly in hospitals, you will have a great number of cases of erysipelas.

I now come to speak of *the causes of inflammation:* and these include all circumstances that can act on the human body.

In the first place, inflammation is excited by all kind of injuries, whether *mechanical*, *chemical*, or of a *mixed* nature. Inflammation is the consequence of wounds, whether they be incised, lacerated, or contused: it is consequent, therefore, upon surgical operations. It is produced by pressure on the body, whether it be exerted externally or take place from internal causes, such as distention from the growth of tumours, or aneurism. Inflammation is produced by the application of heat; by the application of strong acids or pure alkalis; by various metallic salts, and by numerous acrid substances, whether they belong to the class of chemical agents, or be of animal or vegetable origin. Under the class of animal substances we may include what are called morbid poisons. Active inflammation is produced by the bites and stings of particular insects; by those of venomous serpents; and by those of rabid animals—a description of injury that may be called of the morbid kind. Inflammation is produced by the application to the body of cold and moisture, and by various other atmospherical changes, the nature of which we cannot, in all instances, exactly appreciate: though we find that such influences are capable of producing this action in the parts with which they come in contact. Under certain circumstances, cold air, particularly if it is combined with moisture, will produce inflammation of the eye. The same kind of cause, immediately applied to the mucous membranes of the nose, the throat, the trachea, and the air passages of the lungs, will cause inflammation of those parts. Again, the application of cold and moisture to the skin—the external part of the body—is capable of producing inflammation in some internal parts, or in some one remote from the seat of direct application. Thus, if a person gets wet feet, he may thereby have an attack of catarrh, of sore throat, or of rheumatism. Cold and moisture, and various other atmospheric conditions, are capable of inflaming *directly* the parts to which they are applied, or *indirectly* the internal and comparatively remote parts of the body. Again, the organs may become inflamed in consequence of excessive exertion in the execution of their natural functions: thus, if the eye be employed beyond a certain extent, if it be exerted to a great degree in the observation of minute objects, if it be used for a great number of hours, inflammation may be produced in it. Excessive mental exertion will cause a disorder in the head, in the same way that the stomach, or other parts of the alimentary canal, the lungs, or the various other organs, may be the immediate seat of inflammation in consequence of unnatural exertion in the execution of their ordinary functions.

With respect to the causes of inflammation that I have now mentioned, they admit of being divided into two classes. Some of them, such as external injuries, or the application of certain chemical substances or morbid animal poisons, will produce inflammation in some degree; it may be more, or it may be less—but inflammation in some degree is the necessary result of their application. Suppose we take the case of *surgical operations*. If a surgical operation be performed on a person who is carefully prepared for it, and in other respects healthy, a slight degree only of inflammation will be consequent upon it; but if the individual should be unhealthy at the time of the operation, or if no means be taken to place him under circumstances favourable to its performance, considerable inflammation will be produced. If you extract a cataract from an individual who is in a healthy state of body, and whom you have carefully prepared for it, perhaps you will have hardly any perceptible inflammation; but if the operation is performed upon a person of gross habit, it is very probable that active inflammation of the iris will result. If an operation is performed on an individual in whom plethora is manifest, without means being taken to prepare him for it, such inflammation may be produced as shall entirely frustrate our object.

With respect to other causes—that is, the application of cold and moisture, or the excessive exertion of the organ itself—they do not act invariably so as to produce inflammation, but they do so under certain circumstances. A considerable number of individuals may be exposed to the action of either cause, and in many of them no kind of apparent result takes place—but still a certain proportion of them suffer from it. For instance, you may have a considerable number of persons exposed to cold, wind, rain, or snow, and the greater number of these shall not suffer any injurious consequences at all; but, perhaps, one out of the number may have a sore-throat produced, another may have an attack of catarrh, a third of rheumatism. This brings us back to the distinction that I have already had occasion to mention, between the direct, immediate, or exciting causes of inflammation, and those which are remote or predisposing. The exciting causes, in many cases, will not produce disease unless the individual has been prepared for their action by the influence which is produced by the predisposing causes.

Now, under the head of remote or predisposing causes of inflammation, or disease of any kind, we must enumerate, in the first instance, the natural peculiarity of the organs which belong to the individual.

All mankind are not constructed alike. There are differences in their organs; there are consequent differences in the manner in which the functions are executed by those organs; and hence a state of health, which is merely a general expression of the combined result of the actions of all the organs, will present a variety in each individual. If we look throughout the whole of the works of nature, we see that it appears to be her object everywhere to produce variety. Nature, if we may personify her, seems to have nothing like what we may call the *quaker* taste; she seems not to delight in a uniformity of colour or shape; she does not appear to have any idea of cutting out all mankind by one pattern. There are, in fact, numerous varieties in respect to organization and to function: in the first place, varieties which are common to a considerable number of individuals; which therefore admit of being arranged and classed by names; and which varieties constitute the difference which physiologists have denominated *temperament*, or constitution. It is the predominancy of particular actions or sympathies of the organs, in certain individuals, that constitute the sanguineous, the nervous, the lymphatic, and the chylopoietic temperaments. In the first, the circulating system; in the second, the nervous system; in the third, the absorbent; and in the fourth, the alimentary or digestive system, seems to be predominant, or to bear the leading character in the organization. These differences in the temperament, or constitution, have been recognized from the remotest times, and no doubt they are found in nature.

There are, then, certain *general* differences which are common to a number of individuals; and there are certain *peculiar* differences which belong to each part and person; these last are called *idiosyncracies*. This is a Greek term, which means peculiar mixture, as if it denoted the particular proportions in which the various organic elements are combined in each individual.

Another law of nature is, that organized beings produce, by generation, new beings like themselves, otherwise species and races would not be preserved; and this law, by which the progeny partakes of the character of the parents that give birth to it, extends to the diversities I have just mentioned—the difference of temperament, and sometimes the individual difference;—and thus it happens that the temperament and disposition to certain diseases are inherited, and run, in different families, just like particular forms of the features.

We come in the next place, in considering the circumstances which give a predisposition to certain diseases, to consider what are called *morbid* dispositions. The different temperaments are, as it were, *natural* dispositions; but there are *morbid* dispositions, and these approach nearer to a state of disease than the diversities that I have just mentioned, yet it would not be very easy to draw a line of distinction between them and those differencies which constitute the varieties of temperament. As examples of morbid disposition, I may mention scrofula, gout, and rheumatism. These, in some persons, depend merely on the original nature of the constitution, which is termed hereditary; but in others, they consist in certain states of the frame which may be produced by external agents, in individuals that are supposed to be born healthy. Morbid dispositions are, therefore, *hereditary* or *acquired*. To such dispositions the technical name of *diathesis* is sometimes applied; thus we have the scrofulous, gouty, and rheumatic diatheses.

Age and sex, in some instances, give a particular form to disease; and climate and situation have certainly a marked influence upon it. Great atmospheric temperature disposes to inflammatory affections, particularly of the skin; thus, erysipelas is of common occurrence, and it is serious in its nature in hot countries. The liver is particularly liable to be affected by a high degree of atmospheric temperature, and abscesses, as the consequence of inflammation, are common occurrences in those parts of the world where the climate is hot;—nothing is more common than those affections in Europeans who visit the East and West Indies.

I have thus far considered inflammation as the result of causes acting solely on the parts that are the seat of such disorder; that is, I have considered what we may call incidental inflammation—inflammation that occurs exclusively from causes that are immediately applied to the organs. But, in many instances, we cannot trace the application of any cause to the organ that is the seat of disease. This happens in a great number of internal inflammations, and also in several external ones, and these cases are called *spontaneous* inflammation. We do not mean to assert that inflammation actually occurs of itself; we do not mean to say that the effect of inflammation takes place without an adequate cause; we only denote by this term that the effect is produced without any ascertainable cause. Hence we establish the head or division of *spontaneous* inflammation in contradistinction to that of *accidental* inflammation, which includes those where you can observe a cause immediately applied to the part.

The most powerful and most general of the remote causes of inflammation, whether we consider the spontaneous or incidental form of the disease, undoubtedly is what is understood, in common language, by fulness of habit, or what is technically called, general plethora of the system; that is, an unhealthy condition produced by taking into the body an excessive quantity of new materials, in consequence of indulgence in the pleasures of the table, either by eating or drinking too freely. The natural supply of the frame requires that a certain quantity of new material should be introduced into it. *Persons, however, are in the habit of consuming two or three times the quantity that the natural wants of the economy require*, and hence arises a state of repletion. The digestive organs are overloaded, and an unnatural state of fulness occurs in the sanguiferous system which receives the aliment prepared by the digestive organs. In point of diet, most persons err alike in quantity and quality, and both of these seem to take place chiefly in two articles, that is, in animal food and in fermented liquors. This state of unnatural repletion, in the first instance, seems to be attended with rather an increase of health and strength, and the person feels robust and well; all the organs act powerfully, and a high state of health appears to be produced. But after a certain length of time a condition of body results that approaches to disease; there is a fulness of pulse—a preternatural fulness; there is a

disposition to heat and thirst on any exertion; in fact, a state is produced that closely borders on disease; and though you cannot actually say that the individual is diseased, yet he is on the very borders of it: a very slight impulse destroys the balance, and he passes into a state of *plethora*.

At our next meeting I shall proceed to consider the forms of inflammation which are produced sympathetically.

SPIRIT OF THE PRESS.

VESICO-VAGINAL FISTULA, SUCCESSFULLY TREATED BY AN OPERATION. BY G. HAYWARD, M.D., SURGEON TO THE MASSACHUSETTS GENERAL HOSPITAL.

A MARRIED lady, ætat 34, and of good health, consulted me on account of a vesico-vaginal fistula. Fifteen years ago she was delivered, by means of instruments, of her first child, which was dead, after having been in labour three days, during all of which time she passed no water. About ten days after her delivery an opening formed between the bladder and vagina, and since that period she has lost the retentive power of the bladder, and all the urine has escaped through the opening, except when a catheter has been introduced. Occasionally, when in a horizontal posture, there would be no escape of urine for two or three hours, though usually there was a continuous flow; but when in an erect position it was constantly dribbling, causing great inconvenience and distress. She had been eleven times pregnant since the accident, but had never gone her full period since the birth of her first child. It is not improbable that the fistula might have had some influence in the production of these repeated abortions. The only attempts that had been made to relieve her consisted in the introduction of a catheter, which she wore for a considerable length of time, and touching the edges of the opening with caustic. Neither of these means afforded any relief; of late nothing had been done, and she regarded her case as almost hopeless. Upon examination, I found the fistula situated from an inch and a quarter to an inch and a third behind the urethra, a little on the left side. It was not large, barely sufficient to admit the end of my forefinger, and surrounded by a hardened edge, nearly of the consistence of cartilage. There was some degree of morbid sensibility in the lining membrane of the vagina, so that an examination was quite painful. The patient having agreed to an operation, I performed it in the following manner, in the presence of my friends, Drs Channing, C. G. Putman, and J. B. S. Jackson. The patient was placed on the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra and carried it back as far as the fistula. In this way I was able to bring the bladder downwards and forwards, so that the opening was brought fairly into view. The bougie being then taken by an assistant, I made a rapid incision with a scalpel around the fistula about a line from its edges, and then removed the whole circumference of the orifice. As soon as the bleeding, which was slight, had ceased, I dissected up the membrane of the vagina from the bladder all around the opening, to the extent of about three lines. This was done partly with the view of increasing the chance of union, by presenting a larger surface, and partly to prevent the necessity of carrying the needles through the bladder. I then introduced a needle, about a third of an inch from the edge of the wound, through the membrane of the vagina and the cellular membrane beneath, and brought it out at the opposite side at about an equal distance. Before the needle was drawn through, a second and a third were introduced in the same way, and these being found sufficient to close the orifice, they were carried through, and the threads tightly tied. Each thread was left about three inches in length. I should have remarked, that I found no difficulty in introducing the needles by the hand, the fistulous opening having been brought so low down and so fairly in view. A short silver catheter constructed for the purpose was then introduced into the bladder, and the patient was conveyed to the bed and laid on her right side to prevent any urine from coming in contact with the wound. I found her in the evening, eight hours after the operation, quite comfortable. She had had some smarting for two or three hours, but this was soon gone; she complained a little of the catheter; all the water flowed through it and was received upon cloths. She was directed to live on thin arrow root, milk and water, and a solution of gum arabic. In the morning I removed the catheter lest it might become obstructed, and, after cleansing, replaced it. No water had escaped through the wound. The patient had slept some in the night; her pain had been slight, and all her sufferings she referred to the instrument. Her pulse was good, and she had no febrile symptoms. She was directed to keep in the same position, to live on the same diet, and take a solution of salts early the next morning. She went on perfectly well for five days, the catheter being removed daily. At this time I examined her by means of a speculum. I found that the stitches were quite firm, and that the wound had apparently healed in its whole extent. There was no oozing of water through it, though she was then lying on her back and there was urine in the bladder, as it flowed through the catheter as soon as I introduced it. I then cut away the stitches. A smaller catheter was now introduced, and the patient put to bed in the same position as before. She continued very comfortable for two days, much more so than she had been at any time before, which she attributed to the size of the instrument. I then removed the catheter altogether, and directed her to introduce it every three hours, so as to prevent any accumulation of urine. This she did till the second night, when she slept quietly for seven hours, and on waking felt no inconvenience. Twice also during this period she passed water by the efforts of the bladder alone, so that the organ had already regained, in part, its expulsive power, as well as that of retention. She now sat up, introduced the instrument less frequently, and was allowed a more generous diet. At the end of seventeen days from the operation, I examined her again; the wound was entirely healed, and apparently firm, and the soreness nearly gone. I advised her to introduce the catheter two or three times a day for some weeks; and, on the following day, she returned home by water, a distance of nearly 200 miles.

Everything connected with this case proved more favourable than I had anticipated. The operation was not difficult, nor very painful; it was followed by no bad consequences, and afforded complete relief. Perhaps the mode in which the operation was done may have contributed something to its successful result. No violence was done to the parts by drawing down with hooks the fistulous opening, as in the common mode, nor was the bladder wounded by carrying the needles through it, which, I presume, is the usual practice. I do not speak with certainty on this point, for I cannot find that any one has given a precise description of the mode in which the operation is to be performed. It may be inferred from the remarks of Dieffenbach, that he carried the needles through the bladder.

Now it seems to me that, in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact, without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which, of course, should be previously pared, may, in almost every case, be brought into close contact.—*American Journal of Medical Sciences.* August, 1839.

The papers have been accusing the Medical Coroner of holding too many inquests. We were not inclined to give much weight to the accusation until the last few days, when we find that he has excluded the penny-a-liners from his court—an act which must inevitably lead to the suicide of those elegant and enlightened members of the fourth estate, and thus give employment to the Coroner.

GEORGE PILCHER, ESQ.,

LECTURER ON ANATOMY AND SURGERY AT WEBB STREET, BOROUGH.

THIS gentleman owes his present position in the profession, not to any superior talent, but rather to good fortune and his own industry. His history, previous to his connexion with Mr Grainger's school, is unimportant. His efforts to establish himself in Dean street as a *Pare* seem to have been then attended with but slight success; nor is this extraordinary when we consider the widespread celebrity of certain hospital surgeons in his immediate neighbourhood. The leisure which was thus afforded him he devoted to the duties of a private teacher, in which capacity he continued for some time. The manner in which he became associated with Mr Grainger is not known with any degree of certainty; the *on dit* is, that Mr R. Grainger, dreading the *establishment of a rival* school, agreed to admit him as a colleague, provided Mr Pilcher worked for three years gratuitously, and paid down a douceur of 1,000*l*. Be this as it may, his after success is mainly attributable to this circumstance, as the reputation which Edward Grainger had thrown around this school shed its influence on all who joined its ranks. His connexion, therefore, with that school gave him greater importance than he could have ever acquired by his own unaided talents. In the course of a few years he succeeded in procuring the office of surgeon to the Surrey Dispensary, after submitting to the infamous imposition of making 300 votes. From this period his practice steadily increased, and he now enjoys a considerable share of professional reputation.

His qualifications as a teacher are scarcely above mediocrity. His anatomical knowledge is more practical than that of his colleague Mr Grainger, who takes it in the more extended sense, as the means of studying physiology. His style is decidedly faulty, abounding with redundancies of expression, which render his rambling descriptions still more obscure. His lectures, however, are occasionally enlivened by amusing anecdotes, which materially relieve the tedium of anatomical lectures. There is one subject of the course which places the character of Mr Pilcher and his colleague in a singular contrast. Mr Grainger having a strong dislike, for reasons best known to himself, to the task of describing the organs of reproduction, he therefore hands it over to his colleague Mr Pilcher, who renders this subject highly interesting to the *physiological* student. Taking his lectures altogether, they present too much of that *small talk* which separates him, on the one hand, from the man of extensive scientific acquirements who is voluminous from the profundity of his knowledge; and, on the other, from the man who endeavours, by his clearness and conciseness of description, to bring the most difficult subject within the grasp of the most humble intellect. Within the last twelve months he has put in his claim to be ranked among the literati of the profession by his work on the 'Anatomy and Diseases of the Ear,' which, if it does not present much originality of matter, is at least deserving of our applause for directing the attention of the profession to a subject which has hitherto been left to a set of quacks under the name of aurists, who are as ignorant as their colleagues the quack dentists.

In conclusion, it may be said of him, that if he is destitute of those high qualifications which are the most legitimate stepping-stone to professional reputation, he at least possesses those private virtues which enshrine him in the hearts of his pupils; and while his colleague commands respect for his acquirements, Mr Pilcher receives their gratitude for his urbanity towards them in the performance of his duties.

The Commissioners appointed to examine the papers sent in for the grand prize for Medicine in Paris, have reported that, in consequence of the candidates not having fulfilled the conditions of the society, they were compelled to defer the adjustment of the prise; at the same time they wish to make honourable mention of Mr M. Probert, Morin, Dedion, and M. Duchemin.—*Paris Journal.*

TO CORRESPONDENTS.

Dr Domier *certainly does cut a poor figure, as evidenced in his last Gazette leader, when he talks of English History; but we must do him the justice to state that with the voluminous historical work adapted by the wisdom of our ancestors for the awakening faculties of the juvenile mind—with the histories of the celebrated Thomas Thumb, Esq. and John, otherwise Jack the Giant Killer, the illustrious M.D. is most intimately acquainted.*

We intend to commence,—as connected with the vital interests of Medical Science in the publication of its results—an examination of the character and career of the various medical booksellers, beginning with Henry Renshaw.

A Correspondent *says, "Miss Fanny Hawkins went the other day in tears to her patron, the glorious old President, to complain of having been snubbed by Herbert Mayo, and received a box on the ear, which the 'Old Hal' desired her to return with interest on the said Herbert. Accordingly Fanny proceeded with a laudable spirit of obedience to fulfil her orders, but on coming into the awful presence of the 'amputator of hip joints,' she was taken severely ill with an attack of rigors and has been compelled to remain under the care of her wet nurse ever since."*

K.—Lord Brougham *has a Paper on the composition of Water in the 'Edin. Phil. Journ.'*

Epidemics.—*We should feel obliged to any Correspondent who would forward particulars of any epidemic disease existing in his neighbourhood.*

O.—*Thanks. Send frequently.*

Student, Middlesex.—*Yes. It is melancholy to see Mr Mayo inoculating grandma Gazette with* syphilis.

*Who is "*Charles Penny*" farthing, the "general practitioner," who plays the lion so fiercely in the Medical Miss?*

The Lunatic Asylum System requires attention, and shall have it.

Apothecaries' Monopoly.—*The letters from Mr Crisp, as also those from other friends on this topic, shall have the attention they deserve.*

A Medical Assistant, *who writes upon the subject of his wrongs, is informed that we have got many communications upon the same question, and that we regard it as one which calls for attention from us, and at an early date it shall be sifted thoroughly. We invite further letters.*

An Aurist.—*Yes. Curtis made his last display, very characteristically, in the Bankrupt list.*

Part I *of 'The Medical Times,' in a handsome wrapper, is now ready.*

A Subscriber *has sent us a card circulated by a Quack M.D. in ——— square, offering to supply patients with advice and physic at* one shilling a day. *To print his card would be to advertize his quackery. We will take other and more effectual steps.*

Several communications were refused by the publisher, because unpaid. This regulation is imperative, as the postage is trifling to an individual correspondent, but when it falls all upon one man—the publisher—becomes a very serious item. One hundred and thirty two-penny letters daily would amount to something at the end of the year.

THE MEDICAL TIMES.

THE COURT MEDICAL STAFF.

In the multitude of discussions which have found place in every branch of the press relative to the Court Physicians, the public seem heretofore to have had an impression that it was the best educated, the highest talented, the most honourable, and the most virtuous members of the profession who were selected for these situations. Was the truth known, and were the public at all aware of the meandering serpentine course which all seem to have pursued before they could have approached the precincts of the throne, it would then appear perfectly clear that none but an *inferior* class of moral agents could be at all likely ever to succeed in becoming members of the medical staff of the Court of St James's. It must be fresh in the recollection of most of our readers, the infamous jobbing and trickery connected with the formation of the medical staff of William the Fourth. Sir Henry Halford having obtained for himself the whole and exclusive patronage of the arrangement (we are afraid to guess by what means he accomplished this), brought down upon himself a host of enemies and slanderers. He not only monopolized for himself the *lucrative* appointments, but he placed some of his ignorant and contemptible toadies in the room of such men as the late Sir Gilbert Blane and Dr James Johnson. No sooner did our "virgin Queen" ascend the throne, than we had a Court edition of "*Turning the Tables.*" Sir Henry "Humphries" Humbug, with all his "lubberly crew," were thrown overboard, much to the satisfaction of the great body of the profession; thanks to Admiral Doctor Sir James Clarke, native of that portion of her Majesty's dominions usually denominated *North Britain.*

No man was better qualified for the great approaching conflict than Admiral Doctor Sir James Clarke, Bart., for he was not only deeply skilled in naval tactics, having served in the British navy, but he was also well versed in foreign diplomacy, and deeply skilled in what is vulgarly called the quackery of the medical profession. When this admira-*ble* Doctor was improving his taste and studying the works of art in the *Popish* capital, Prince Leopold was attacked with one of those diseases which, from its *virulent* nature, brings the medical attendant on an intimate and familiar footing with his patient. The Doctor, with an *ardor* intimately associated with the very nature of the disease, and with consumate professional skill, soon overcame the distressing symptoms of the Prince's disorder, and thus established his professional reputation on the firmest basis. Another fortunate event occurred to the Doctor, which strengthened and confirmed the patronage and support of the house of Saxe Coburg. Leopold, now King of the Belgians, had his only child taken very ill, and his want of confidence in the Belgian professors of our art prompted him to send to England; and the well known celebrity of Sir Charles Clarke in the diseases of children, and the author of the original work 'On Female Discharges,' naturally and judiciously led the King to select him for his purpose. A courier was dispatched to England, with a letter to Sir Charles Clarke, commanding his services, but by a fortunate mistake for *Sir James* the letter was delivered to *him*, a mistake which was natural enough, as the messenger might have been supposed, from having on former occasions been at *Sir James's* dwelling, that *he* must have been the Doctor Clarke who was meant. It was, therefore, quite consistent that Sir James should accept the invitation, and off to Belgium he went, and back he came again *plus* 500*l.*—having conferred incalculable benefit on the Royal infant! Another event, perhaps much "more fortunate than the other two," was the death of Doctor Maton, who was physician to the Duchess of Kent, the sister of Admiral Doctor Sir James Clarke's Royal Belgian patron, and which event led to Dr Clarke's appointment as physician in ordinary to the Duchess of Kent and the Princess Victoria! Thus fortified, nothing could withstand the *broadside* from the heavy metal of the Admiral Doctor, Sir James Clarke. Accordingly, it is easy to comprehend the terrific slaughter which Sir James's fifty pounders effected in shivering, shattering, and sinking the old rotten hulk under the immediate command of Sir Henry "Humphries" Humbug, with his motley crew.

The gallant commander of the "British Queen," having the helm in his own hands, arranged the medical staff of the Court according to his own particular notions, and with a plausible consideration for his own interests. The list of the medical staff, when it made its appearance in the Gazette, had very properly his own name at the head of it, with the appropriate emoluments of office; and with much consideration, instead of omitting altogether the name of Sir Henry "Humphries" Humbug, he very judiciously retained it, taking care to place it in that position in the list which Sir James thought most fitting, and of course in one carrying no emolument. It should be recollected that the Lockley case had not at this time occurred, or we have reason to believe that the Queen would not have permitted Sir H. H. H's name to appear in the list of the Royal household. Not satisfied with this alteration, Sir James effected further improvements by clearing the Augean stable of some old-fashioned apothecaries, and substituting practical chemists and druggists in their stead; men who, from his intimate acquaintance with them in private life, he could depend upon as fit subjects to compound medicines for the Royal palate. The merit, however, is not due to Sir James alone for the organization of the surgical department. The noble Premier retained this important patronage in his own hands, and devolved it on no less distinguished an individual in the "*crafts* of *chirurgery*" than Copeland, of ——— notoriety; and thus the medical staff of the Court fell into hands which hold it in consequence of King Leopold being troubled with one affection, and the Prime Minister with another. So much for the *materiel* of a royal medical staff—so much for the avenues which lead to the royal bed-chamber—so much for the respect and liberality of the court members of the profession towards one another, and so much for the abilities, talents, and peculiar accomplishments which are necessary for

Court Physicians,
Sergeant Surgeons,
Extraordinary Apothecaries,
And the host of Oculists, Aurists, Dentists, and Chirodopists.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

October 26.—Dr Chowne in the chair.—The following gentlemen were ballotted for, and declared duly elected as officers for the ensuing year:—President, J. D. Streeter, Esq.; Vice Presidents, Drs Golding Bird, and Sayer; Secretaries, Messrs. Clark and Chanel.

Mr Toynbee read a paper on Aural Surgery. The author charged the profession with great neglect of duty in passing over so important a class of diseases as those which affect the ear. He considered them, as a body, very ignorant on the subject, and observed that it was notorious that the greater number of cases which are treated by the legally-qualified practitioners are never discharged cured. Hence the success of the empiric, who engrossed nearly the whole of this branch of practice, to the incalculable injury of the public. A case which not long since occurred at a certain "Dispensary for the Cure of Diseases of the Ear," and which had subsequently come under the notice of the author, was adduced in illustration. It was that of a poor woman who, with several others, was prescribed for by the director and principal surgeon to the dispensary in question, *without having been previously examined*. A small portion of some highly acrid substance was applied to her ear, so acrid that it deprived that organ of its function, and entirely destroyed the *membrana tympani!* This was the result of the treatment to which she was subjected! But this was merely an isolated case out of a great number gulled and cheated with impunity by the quacks—Mr Toynbee then proceeded to explain the different methods of treating deafness, and other disorders of the ear, which have, from time to time, been proposed by scientific men. He extolled the *speculum auris* as a valuable instrument of diagnosis, and mentioned cases of deafness in which, by its means, he was enabled to detect the presence of large quantities of wax in the meatus externus, and accordingly to effect a complete cure. The *Eustachbian Catheter*, a still more valuable instrument, invented by Kramer, was next described, and its action illustrated by an experiment on the author himself. The catheter being attached below to an air-pump, the other end is passed up the nostrils and along the eustachian tube as far as its orifice; the air is then pumped up, and, by its effects on the organ intended to be examined, any obstructions, of whatsoever kind, clearly and accurately indicated. Thus, too, stricture of the eustachian tube may be discovered; the normal state of the membrana tympani be restored when lost, and the proper remedial means be resorted to. There is no pain attendant on the operation. Mr Toynbee, in answer to a question from Dr A. T. Thomson, stated that he had found æther, both nitrous and ascetic, of much efficacy in severe cases of nervous deafness, introduced into the cavity of the eustachian tube.

Mr Streeter then addressed the meeting in a rather indignant tone against the author of the paper which had just been read, on account of his "sweeping charge" of ignorance on the part of the profession as to diseases of the ear, attempting to vindicate them on the plea that patients applied too late to be cured!

Several other members having spoken, the meeting adjourned.

NEW REGULATIONS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

Regulations of the Council respecting the professional education of candidates for the diploma:—

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof.

1. Of having been engaged in the acquirement of professional knowledge during a period of not less than four years; six months of which shall have been occupied in the study of practical pharmacy, six months by attendance on the practice of physic, and the remainder of the period on the practice of surgery, at a recognised hospital or hospitals in the United Kingdom:—three months being allowed for a vacation in each year.

3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three anatomical seasons or sessions:*—and of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons, each course comprising not less than 70 lectures:—and one course of not fewer than 70 lectures on each of the following subjects, viz. the practice of physic—chemistry—materia medica—and midwifery with practical instruction.

* *An anatomical season is understood to extend from October to April inclusive, and to comprise at least* 140 *lectures on anatomy and physiology, occupying not less than one hour each, given on separate days; and at least* 100 *demonstrations of the like duration, given in a similar manner; exclusive of dissections, of which distinct certificates are required.*

II. Members and licentiates in surgery of any legally constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, license, or degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations.

IV. Certificates will not be recognised from any hospital unless the surgeons thereto be members of one of the legally constituted colleges of surgeons in the United Kingdom; nor from any school of medicine or midwifery, unless the respective teachers be members of some legally constituted college of physicians or surgeons in the United Kingdom; nor from any school of anatomy or surgery in England, unless the respective teachers be members of some legally constituted college of physicians or surgeons in the United Kingdom, and have undergone a second or special examination on those branches of science according to the ordinances of this college relating thereto.

V. Certificates will not be received on more than one branch of science from one and the same lecturer: but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination may be inserted in words at length.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the college. By order of the Council,

August, 20, 1839. E. Belfour, *Secretary*.

MEDICAL STUDENTS' FRIENDLY AND SCIENTIFIC ASSOCIATION.

October 25.—G. Dermott, Esq. in the chair. Mr Humble read a paper on 'Vitality,' directed more especially to the inquiry as to the period when life ceases to exist in organized beings. The discussion was then renewed on the subject of the insufficient payment of Dispensing Assistants, after which the meeting adjourned.

Apothecaries' Hall.—Gentlemen who passed on Thursday, Oct. 24:—Charles Radcliffe Hall, Congleton; Jukes Stirrupy, Worcester; John Turner, Macclesfield; Alfred William Warder; Joseph Wagner Hodson, Staines; Charles James Freeman, Edward Forge Woodward, Liverpool; Samuel Compton, Manchester; Robert Nesbitt Robson, Durham.

WESTMINSTER HOSPITAL.

OPERATIONS FOR CATARACT AND CLUB-FOOT. CASE OF COMPOUND FRACTURE OF THE FEMUR.

October 26.—William Bigwood has been affected with cataract in the left eye for more than twelve years. Mr Lynn to-day performed the operation for extraction, the aqueous humour alone escaping. The opaque lens was very indurated. There is also cataract in the right eye, which appears of soft consistence. Mr Guthrie operated on a boy of the name of Aldridge, aged 6, for club-foot, by dividing the tendon of the flexor longus pollicis, as it passes over the tarsus, by which the inversion of the foot was completely remedied, and the position was maintained by a mechanical apparatus. The tendines achillis of both feet were divided some months back, but owing to the occurrence of small-pox, the proper appliance of mechanical means were unavailable. Some benefit, had however accrued, the foot not being near as much inverted as in the first instance; only one foot was to-day operated on.

Matthew Burgess, six years of age, was admitted August 6th, under Mr White, with compound fracture of left femur, near its lowest extremity. The lower portion of the bone protruded in the ham, across which a laceration extended. There was no hemorrhage: the popliteal artery appeared to have escaped injury, as also the joint. Mr White preferred the attempt to save the limb to immediate amputation. He excised two inches of protruded bone, and effected as accurate a coaptation as was practicable. Splints and bandages were applied, and the limb placed on the outer side. Some degree of reaction ensued, but after a few days was followed by a hectic state with profuse suppuration, under which the child appeared likely to sink. The case has, however, since progressed favourably, and the general health is now good. The external wounds are now nearly healed posteriorly, but anteriorly there are two openings, through one of which the bone protrudes, and the other is connected with a purulent cavity. The limb appears shortened about two inches; it is still retained in the flexed position when the boy is lying down; but he is able to sit on the edge of the bed, the foot being properly supported, and there appears to be slight motion in the joint.

CHARING CROSS HOSPITAL.

CLINICAL REMARKS ON OSSIFICATION OF THE ARTERIES.

Mr Howship exhibited the heart and aorta of J. L., æt. 63, a patient who died after an amputation of the leg for gangrene. He had been in the hospital since October 9, but his constitution being very much debilitated, no hope of saving the limb could be entertained, and, as a last resource, amputation was decided upon, and was performed on the 18th, the patient only surviving eight days. The autopsy revealed extensive ossification of the arteries, which sufficiently accounted for the termination of the case. Mr Howship explained to the pupils upon the preparation before him the appearances afforded in the various stages of ossific deposit in the arterial system, which, he stated, occurred in old, enfeebled habits. He mentioned two cases in which death had supervened upon operations which afforded no indication of such an unhappy result, and where, upon examination after death, the mystery was explained by the discovery of extensive ossific deposits. In one case where Mr Howship, with the late Mr Heaviside, operated for strangulated hernia—the intestine was returned and the patient did well for a few days, having free evacuations and offering every appearance of a favourable termination, when the pulse gradually sunk and the patient died. This unexpected result was at once explained by an examination of the arteries, in which the aorta was found completely ossified.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Naval.—Assist.-Surg. George Doak, of the *Melville*, appointed to the *Harlequin*.

Obituary.—Staff Assist.-Surg. Twining, of fever, in Sierra Leone.—At the Cape, W. Bannister, Esq., Surg. in the Hon. East India Company's service.

REVIEWS.

A Manual for Students who are preparing for Examination at Apothecaries' Hall or other Medical Institutions. By William Meade. Pp. 709. 12mo. Renshaw.

PERHAPS there is no country in Europe in which literary imposture flourishes more than in England. Competition is the bane of trade, and the liberal professions cannot escape the contamination. The vileness of some of our book publishers remains unexposed and unpunished, because, forsooth, they expend large sums in *advertisements*, and thus the public is gulled by their wretched nostrums. If a tradesman is reported to possess a thriving business, ten to one but some person will compete with him to the ruin of both: so it is with literature. Dr Steggall edits a work of utility to the defective memories of students—a book containing just sufficient to bring back the *past* reading or *experience* of those who are eagerly seeking the worthless parchments of the College and the Hall—when the cupidity of a publisher is aroused, and he makes proposals to a rival grinder to "come out" with a similar production. The proposals are accepted, and the work is produced with a title, the only addition to which is merely an interpolation of "*who are* preparing," &c. This pirating of a title is exceedingly reprehensible; but such conduct is common with the mean creatures who publish the books. If this book was all, we might dispose of our critique in a few sentences; but we have a duty to perform, and we will do execution on this nefarious publication. We hold the publisher responsible for the deception he has practised on the student, for poor Meade has paid the debt of nature. Peace to his manes!

Those who were acquainted with William Meade know full well that he laid no claim to literary ability; that he could not write three sentences without considerable mental exertion; and that the success he met with as a grinder was entirely owing to the puff of Mr Wakley written in the 'Lancet' of Nov. 3, 1833. Poor Meade was also perfectly innocent of the charge of being acquainted with the Latin language. The quotation of the opinions of numerous philosophers, in the book published with his name, would excite our astonishment, were we not acquainted with the party from whom they emanated. Meade was not the compiler of this work, but—being a grinder under the patronage of the 'Lancet'—his name was purchased at a price to sell the trash. We will prove this satisfactorily to our readers before we conclude this article.

There is now in this metropolis a certain M.D. who has compiled several books, and translated others. Not one of *his* numerous contributions to "*science*" were ever successful. Similar to many unfortunate authors, this gentleman has commenced working in secret, for doubtless he finds it more lucrative to *compile* for others than to publish with his *name*. Now, if we are wrong in our statements, then was poor Meade a *plagiarist;* but of this we acquit him, from our knowledge of his aversion to reading anything but the leaders in the 'Lancet.' The reader may point to other books bearing Mr Meade's name. This we grant; but poor Meade *never wrote a line of them*. We remember the rage of Thomas Wakley, when his piercing eye first caught a glimpse of the name of his *protegé* attached to a small volume of prescriptions. "D— him for a fool, to put his name to such a thing; he is as bad as Pereira. I'll blow him to the devil when I see him." This elegant philippic Mr Wakley uttered in our hearing. The editor of the 'Lancet' always felt a great interest for Meade, and it was *natural* he should. Now, as Meade *could not write*, some one was easily found who would perform the job. This person is a physician, delighting in the cognomen of D. Spillan, M.D., T.C.D.! This learned gentleman has published certain small works on Chemistry, Practice of Medicine, and Diseases of the Chest. On looking over these immortal productions, we were struck with the remarkable resemblance they bear to this 'Manual,' and we are compelled to believe that Dr Spillan is the compiler of this said work. If he be the compiler, then he is a wholesale plagiarist, or something worse, for he is encroaching on the copyright of the foolish publisher of his former pocket guides. We have perused the books published with Dr Spillan's *name*, and we will now place some passages in juxtaposition with Meade's 'Manual':—

From 'A Manual of Chemistry,' by D. Spillan, M.D. 1837.

"HEAT.

"Heat may be communicated from a hot body to others colder than it, either by direct contact, as when heat is communicated to the hand by plunging it into hot water; or by radiation, when the heat passes from a hot to a cold body."—Page 8.

"Liquids are but imperfect conductors of heat. This imperfect conducting power is, however, compensated for by two circumstances—the mobility among the particles of all fluids, and the change of volume produced by change of temperature. When any particles of a liquid are heated, they expand, and so become specifically lighter than those parts not so heated. Hence, if the former are covered by a stratum of the latter, these latter will descend from their greater specific gravity, while the lighter particles will descend; so that if the heat enter at the bottom of the vessel containing a liquid, a double set of currents will take place, the one a current of hot particles ascending towards the surface, and the other descending."—Page 12.

Again, at pages 13-14, Dr Spillan writes:—

"Radiant or radiated heat is so called because it is emitted from the surface of the hot body equally in all directions, and right lines, like radii drawn from the centre to the circumference of a circle. When these calorific rays thus distributed—and which pass freely through a vacuum and the air—fall upon the surface of a solid or liquid substance, they may be disposed of in three different ways: first, they may rebound from its surface, or be reflected; secondly, they may be received into its substance, or be absorbed; and, thirdly, they may pass directly through it, or be transmitted. In the first and third cases, the temperature of the body on which the rays fall is unchanged, whilst in the second it is increased."

"The principal effects of heat are expansion, liquification, vaporisation, evaporation, and ignition."—Page 18.

"In constructing a thermometer, a tube should be selected with a very small bore, and which is to be of the same diameter through its entire length."—Page 22.

From 'Meade's Manual.' 1839.

"CALORIC.

"Caloric is communicated from a hot body to others which are colder in two ways; by conduction, or direct contact, and by radiation; by the former when it touches a cold one, so that the heat may pass directly from one to the other."—Page 8.

"Liquids are but imperfect conductors of caloric, although they are capable of transmitting it very rapidly through their particles. When heat is applied to the under surface of a vessel containing water, two currents are immediately established in the liquid, the one of hot particles rapidly rising towards the surface, the other of colder particles descending to the bottom."—Page 9.

Meade is made to say, page 10:—

"Caloric is emitted from the surface of a hot body equally in every direction, and in right lines, like radii drawn from the centre to the surface of a sphere. When the rays thus emitted fall on a solid or liquid substance, they may be disposed of in three different ways: 1, They may be reflected; 2, They may be absorbed; 3, They may be transmitted through it. In the first and third cases the temperature of the body on which the rays fall is not affected, whereas in the second it becomes materially so."

"The general effects of caloric are expansion, liquification, vaporisation, spontaneous evaporation, and ignition.'—Page 13.

"The first object in constructing this instrument (a thermometer) is to obtain a glass tube with a very small bore, which is of the same diameter through its entire length."—Page 11.

We could proceed thus throughout the volume, but we are heartily sick of the labour. The reader will perceive that either Meade has been guilty of gross plagiarism, or he did not write the book. We incline to the latter fact, from our knowledge of the extent of poor Meade's abilities, which were far beneath mediocrity. No person but the author of these pocket manuals would have dared to filch from them when composing a work for his own and the publisher's emolument. This book, then, instead of conferring honour on the dead grinder, will only be remembered to discredit his memory, and all those concerned in its publication. As a Manual for the Hall, it must fail. The articles are too meagre. The 'Practice of Medicine' is filched from modern writers. It is true the 'Lancet' has eulogised the inglorious book, but even that puff will not save it from the trunk-maker. The 'Lancet' must have been aware that Meade did not write the work, therefore it is most dishonest in its commendation. We know that the consideration given Meade for his *name* was only paid conditionally, that Wakley should praise the abortion. In conclusion we say it is a most disgraceful affair altogether, and the profession should mark their sense of such plagiarist competitors by dooming the trash to scornful neglect. Of the publisher of this we may say more anon.

BOOKS RECEIVED FOR REVIEW.

'A Manual for the College of Surgeons.' By JOHN STEGGALL, M.D., &c.'&c., and Mr W. HILLES, Surgeon. CHURCHILL.

'Practical Observations on the Causes and Treatment of Curvature of the Spine.' By SAMUEL HARE, Surgeon, Leeds. SIMPKIN AND MARSHALL.

'Illustrations of Midwifery,' Part II, with Plates. By M. RYAN, M.D., &c. &c. BAILLIERE.

'New Mode of Treatment employed in the Cure of various Forms of Ulcer and Granulating Wounds.' By FREDERICK C. SKEY, F.R.S., Assist. Surg. to St Bartholomew's Hospital, &c. LONGMAN.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.

THURSDAY.—Operations at St George's, at one.

FRIDAY.—Operations at St Thomas's.

SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

LIFE OF MR WAKLEY.—II.

MR. WAKLEY BEFORE HE WAS A RADICAL.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—Yours is the true version of the lucky chance by which the breath of Royalty preserved Wakley from a harassing suit in equity. It may be worth inquiring the motives of the Monarch in thus interfering between two of his subjects, because I wish to draw attention to a document which, if the reader be a medical or political reformer, will surprise him. Did George IV prevent Sir Astley Cooper from appealing to the Court of Chancery for the love he bore the literature of his country? Did he prohibit him from any affection he ever exhibited for science? Did he restrain him in his course from any attachment to the principles of justice? No; the selfish, ermined Monarch restrained Sir Astley Cooper from interfering with the publication of his lectures in the 'Lancet,' because he conceived that that learned surgeon imparted to his class a species of information which it was desirable that he should himself possess, to compare with Sir Astley's advice at court. Therefore he bothered Sir Astley by asking, "Is there anything you are ashamed of in your lectures?" This conduct on the part of the fourth George gave great satisfaction to Mr Wakley.

You have stated that, "Radical as the editor of the 'Lancet' wishes to appear, yet he perilled his hard-earned reputation by fawning on a man 'who spared no man in his anger nor woman in his lust.'" I presume you allude to the instance I wish to adduce. On February 18, 1826, an anonymous letter, very cleverly written, was inserted in the 'Lancet,' being a satire on Dr James Johnson, editor of the 'Med. Chir. Rev.,' signed "N. T. X.," which contained these awful words, in reference to George IV—"A man who spared, &c.;" words which the reader will no doubt smile at, and which would induce Mr Wakley to burst into a fit of uncontrollable mirth *now*. But then *gratitude* was such a powerful feeling in his mind that it induced *loyalty* to the King and "*glorious constitution*" of his country. Yes; and on March 4th out came the out-pourings of his devotedness to that King who, he declares, "has done more than any of his predecessors to promote *literature*, the '*arts*,' and the *prosperity!* of his people." Ah! Mr Wakley, we have all heard you declare with great energy, on the hustings, that "*a man could not be a Reformer who had not been one from his cradle.*" You may declare that you were not at that period (1826) a politician; but, if this be true, what becomes of your declaration about "Reformers from the *cradle?*" What would the electors of Finsbury—I mean the *real* Radical electors—have thought of the piece of adulation which I extract from your own journal and from your own pen, in which you call the family of George IV "*illustrious*," and the *gentle* husband a "*revered*" sovereign; the man who betrayed the companions of his social hours—"*benevolent;*" the man who sent a broken-hearted woman to the silent grave—an "enlightened" monarch? And then his "munificence," and the "*glories*" of his reign, will be "*eternized*"! in the pages of history, and shed a lustre on future and *distant* ages; and the *humane* and *charitable* exertions of his royal *brothers* are not *less* entitled—to what? why, here it is—"*to public admiration and gratitude.*" The "glories" of his reign!—The Finsbury electors would ask—Where, oh, where are they? Glory; fah! what does it mean? Does it indicate bloodshed, murder, and rapine, succeeded by the stillness of death and desolation? But the climax—the King's brothers are all entitled to public gratitude. He speaks, then, of the *beloved*, the *venerated* Cumberland, King of Hanover. Radicals of Finsbury, throw up your hats, and wonder at the singularly loyal subject, and Radical representative, who has been "a Reformer from his cradle." Your obedient, CENSOR.

"LIBEL ON THE ROYAL FAMILY." (WAKLEY LOQUITUR.)

"In the course of the past week, the *newspapers* have directed our attention to a passage in an *anonymous* communication, inserted in the 129th Number of this Journal; and, accustomed as we are to speak our sentiments freely, we do not hesitate, on referring to the paragraph in question, to denounce it as a *scandalous libel* on the *illustrious* house of our *beloved* and *excellent* Sovereign. This declaration amounts to an unequivocal denial of its having been published with our *knowledge* or *consent*, an assertion which it is perfectly *unnecessary* to advance either to the readers of THE LANCET or to those friends who are acquainted with our *political* opinions. Confiding, therefore, in the writer, we gave the paper in question a *superficial* inspection on *sending* it to the printer, not *conceiving* for a moment that ROYALTY formed a portion of its contents, and *not* seeing the *proof sheet*, we have been the *innocent* means of libelling the *illustrious* family of our *revered* sovereign, which we *deeply* and most *sincerely* deplore. Attached to *no political party*, we are EVER the staunch advocates of our *glorious* constitution, and the ardent admirers of our *enlightened* and *benevolent* king. To malign a sovereign who has done *more* than any of his predecessors to promote the *literature*, the *arts*, and the *prosperity* of his people, would be no less futile than to attempt to decree him honours; *his munificence* and the GLORIES of his reign, will be ETERNIZED in the pages of history, and shed a *lustre* on future and distant ages; and the humane and charitable exertions of his Royal brothers are not less entitled to public admiration and gratitude."
—*Lancet, March* 4, 1826.

THE MEDICAL STUDENT.

[THE following portrait of the Student is given, not as offering what we regard as a clever or correct likeness; but rather to show him the manner in which he is depicted to others—a likeness in caricature which must afford some amusement, while such as can wear the cap may learn to shun certain predilections and habits which do not elevate the character. Extracted and condensed from 'Heads of the People.']

"VA-RIE-TY!—Hallo! Bill, how did you get home last night? You're looking seedy this morning, you are; but what made you bolt so soon? You should have stopped, man, and heard 'The little Pigs;' it was given in regular bang-up style, I can tell you—uncommon gentlemanly chap, the bass singer, when you come to know him—came out afterwards in 'The Wolf;' my eye! what a voice he has; shouldn't I like to walk into his *larynx!* Then there was that little girl with the blue bonnet and white feathers—you know, Bill—eh?—she flared-up like bricks in 'The last Rose of Summer.' Well, after that, Jim and I felt rather queer, so we had a Welsh rabbit, a pint of stout a-piece, and two goes of whiskey; and here I am this morning, as fresh as a daisy, my tulip! I think I want some stimulus though. Come, I say, what'll you have; let's send to Billy Barlow's for some half-and-half—I'll toss you for it, if you like. Have a cigar? Deuced pretty girl where I bought 'em—promised to go with me to 'The Eagle' to-morrow—that's the ticket, an't it? Why, there goes nine! Shan't you go in to demonstration; Slogo gives the 'Reflections of the Peritoneum' this morning, and I've got an *abdomen* in: not one of the branches of the *cœliac* have I made out yet, and the 'stiff'un's' to be turned to-morrow. Come along."—(Exeunt Arcades.) * * * *

We will now accompany our neophyte, trusting, that he may have been duly edified by what he has heard (at lecture) to his four o'clock dinner at that species of restaurateur's, which obtains, in his own classic vocabulary, the epithet of slap-bang.

"Now, then, Jack, my boy, what are you going to tackle? I've been hard at work all the morning with the *abdominal aorta*, and I shall be regularly knocked up if I don't pitch in pretty smartish—I'm tremendously peckish; here, Sally, what have you got?"—"Boiled beef, sir, and greens—well done; roast veal and 'am—good cut; haricot mutton; liver and bacon; calf's head and brains—just up—I can recommend that, sir; hashed venison" (with peculiar emphasis); "chops and steaks."—"Ah! let's have some liver and bacon. By the way, Jack, are you to give the minute anatomy of the liver at the College?"—"I don't know; I hope not."—"So do I. Mine was a capital one this morning."—"Yes. Why did'nt you have it injected?"—"Too much of a fork out; besides, you can cram the liver from *plates.*" With this kind of conversation the rest of the meal is sweetened. At its conclusion,—"Sally," (cries Mr Hogmore), "what's the damage?"—"One calf's liver and bacon, sir, ten—potatoes, eleven—one bread, twelve—two stouts, one and nine—a Stilton, one and eleven—and celery, I think you had, sir."—"Yes."—"Two and a penny, sir, if you please."—"Oh! two bob and a brown is it? I say, Sally, I wish I had lots of tin, for your sake."—"Do you, sir? Hem!"—"Yes. I say, where do you walk on Sundays?"—"Sometimes at one place, sometimes at another. (*Apart*)—Coming, sir, directly."—"No, but come, don't mizzle: I've something to say to you."—"Well, what is it?"—"I say, Sally, you're a very pretty girl."—"Oh! don't be a stupid—there now look at my foot—see what you've done."

Here it must be observed, that Mr Hogmore, in order to give due effect to his last complimentary speech, treads engagingly on the young lady's foot; leaving thereby the muddy impression of a double row of small nails on the delicately turned instep. Having achieved this act of gallantry, he puts down the reckoning and sallies forth to "wander at his own sweet will" down Fleet street, or the Strand, smoking a bad cigar, and jostling the passengers as he walks along.

His time is thus occupied till he goes to the evening lecture, after which he returns to his third floor lodging to receive a party of friends, who meet to amuse themselves with a game or two at whist. The attention of the players is then divided between their game and their hot whiskey and water, a tumbler of which accompanies the heap of counters by the side of each individual. The contents of the glasses are renewed, from time to time, from a green bottle on the table, and a kettle which sings away on the fire; and which, in the course of the evening, is twice replenished from the wash-hand-stand in the adjoining bed-room. Between the play and potation, the spirits of the company become elevated to a very lofty pitch; the exhausted source of the aqueous supply, and its empty receptacle, are anathematised in the vernacular form, the candlesticks are flung into the grate, and a general "sortie" is made in quest of adventures. The young gentlemen "jump Jim Crow" in the street, to the music of their own voices, wrench off knockers and bell-handles, shout, yell, assault a policeman, are finally consigned to the station-house, and discharged the next morning on payment of the usual fine for inebriety.

We will now imagine that, having happened to receive an invitation from some gentleman with whom his family are acquainted, our hero has made the requisite alterations in his exterior, and is sitting at table in decent society.

The master of the house is decapitating a hare. His guest remarks: "Ah! you're hung up, rather, sir, I think; you've got hold of the *ligamentum nuchæ;* it's very big and strong in some animals—I made it out the other day in a Nigger—he was pretty well off for one."—"Made it out, sir," asks a gentleman sitting opposite? "how?"

A nudge from his next neighbour reminds him of the presence of ladies. Instead, therefore, of conveying his meaning in words, he looks significantly around on the company, and bestowing a wink of much expression on his interrogator, holds his knife and fork like a couple of pens, severs, as if by some sleight-of-hand, the fat from the lean of a piece of meat on his plate, winks again on the querist, and applies himself to the discussion of the viands with renewed assiduity.

ADVERTISEMENTS.

NORTH LONDON SCHOOL of MEDICINE, 20, Charlotte street, Bedford square, Bloomsbury, within a few minutes' walk of the Middlesex, St Bartholomew, Charing cross, University, and King's College Hospitals.

ANATOMY and PHYSIOLOGY: Dr VALENTINE FLOOD. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 7*l.* 7*s.*; perpetual to practical and descriptive anatomy, if entered to at once, 12*l.* 12*s.*

DESCRIPTIVE ANATOMY: Dr FLOOD, Mr LUCAS, Mr DUFFY, and Mr OBRE. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 7*l.* 7*s.*

CHEMISTRY: Mr H. LEWIS, B.A., Cantab. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

MATERIA MEDICA and PHARMACY; Dr G. A. F. WILKS Entire session, 4*l.* 4*s.*; half session, 2*l.* 2*s.*; perpetual, 5*l.* 5*s.*

PRINCIPLES and PRACTICE of MEDICINE: Dr RYAN. One session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

PRINCIPLES and PRACTICE of SURGERY; Mr P. BENNET LUCAS. Session, 5*l.* 5*s.* Half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

MIDWIFERY and DISEASES of WOMEN and CHILDREN; RYAN and Mr RAWLINS. Entire session, 5*l.* 5*s.*; half session, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*; perpetual to medicine and midwifery, if entered to at once, 11*l.* 11*s.*

Summer Session.

BOTANY; Dr WILKS. Entire session, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

MEDICAL JURISPRUDENCE; Dr VENABLES. One course, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

THERAPEUTICS; Dr KLEIN GRANT.

PRACTICAL CHEMISTRY; Mr LEWIS. One course, 2*l.* 10*s.*

CLINICAL MEDICINE; Dr Ryan and Dr WILKS.

Metropolitan Free Hospital, daily at one, P.M. Perpetual Fee to all requisite Lectures, 40*l.* One of the dissecting-rooms will be lighted with gas, as usual, until ten, P.M.

For further particulars apply at the School, or at the residences of the respective Lecturers.

G. A. F. WILKS, Hon. Sec.

TO MEDICAL STUDENTS.—A PRIVATE CLASS, for the progressive study of the subjects contained in the Curriculum of Medical Education, including the Medical Classics, will meet at 1 Dufours place, Broad street, Golden square, every Monday, Wednesday, and Friday, from 8 to 10, P.M., and every Tuesday, Thursday, and Saturday, from 8 to half-past 9, A.M.

	£	s.	d.
Fee for the Session - - -	3	3	0
Ditto Perpetual - - -	6	6	0
Ditto with Classics - - -	8	8	0

For further particulars apply at the Class Rooms, 1 Dufour's place, Golden square.

*** A vacancy for a House Pupil.

Just published, 12mo., cloth, price 5*s.*,

THE MODERN TREATMENT of SYPHILITIC DISEASES, both Primary and Secondary; comprehending an Account of Improved Modes of Practice adopted in the British and Foreign Hospitals, with numerous Formulæ for the Administration of many new Remedies. By LANGSTON PARKER, Surgeon, Professor of Anatomy and Physiology in the Birmingham Royal School of Medicine.

London: John Churchill, Princes street, Soho.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 13 Castle street, Long Acre (a few doors from Coombe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, Manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90*b*, Holborn hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

Fifth Edition, greatly enlarged.—Just published, in 12mo. price 3*s.* in cloth boards,

A FAMILIAR TREATISE on CATARACT; its Nature, Symptoms, and ordinary modes of Treatment, with reference especially to the Restoration of Sight by a peculiarly mild and successful operation, applicable to every stage and variety of the Disease, and at any period of life. Illustrated with Cases. By JOHN STEVENSON, Esq., M.R.C.S., Surgeon-Oculist and Aurist to his late Majesty; to other members of the Royal Family, and to the King of the Belgians; and Lecturer on the Anatomy, Physiology, and Pathology of the Eye and Ear.

S. Highley, 32 Fleet street; of whom may be had the Fifth Edition of the Author's Work

On DEAFNESS; its Causes, Prevention, and Cure. 3*s.*

Just published,

NEW WORK ON PHRENOLOGY.

A CHALLENGE to PHRENOLOGISTS; or Phrenology Tested by Reason and Facts.

By A. M., of the Middle Temple.

Fcap. 8vo. 5*s.* cloth.

London: James S. Hodson, at the Depôt for American Literature, 112 Fleet street.

"A slashing attack on the weak points of the 'Science' of Phrenology, by a vigorous thinker, who, to legal acuteness, joins a power of ridicule that makes his arguments amusing."—*Spectator.*

Lately published, post 8vo., price 5*s.*

ON the DISEASES of the BLADDER.

By WILLIAM COULSON, Esq., Surgeon.

By the same Author,

On the Diseases of the Hip-Joint. With plain and coloured Plates, 4to., price 10*s.* 6*d.* cloth.

On the Deformities of the Chest and Spine. With numerous Plates and Woodcuts, 2nd edition, considerably enlarged, 8vo., price 6*s.*

Longman, Orme, and Co.

RETREAT NEAR LEEDS,

FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict attention is paid to the Medical, as well as Moral Treatment, of the Individuals who are committed to his care.

The Retreat is delightfully situated on rising ground, at the opening of Aire-Dale, little more than a mile from the town of Leeds; the situation is healthy, cheerful, and also sufficiently retired; the gardens and plantations are extensive; the premises combine proper accommodations for the exercise and amusement of the Patients; and the apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a plan of treatment as may be necessary to restore the functions of the brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of Weak Mind, or who may be subject to Fits of Temporary Insanity, for whom confinement is necessary.* In recent cases, a perfect and speedy recovery may generally be expected.

Applications, either personal or by letter, postage free, addressed 26 East parade, Leeds, will meet with immediate attention, and have the most satisfactory references, if required, to Patients already discharged, or their friends; also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This day is published, in royal 8vo., dedicated, by permission, to Sir Benjamin Collins Brodie, Baronet, V.P.R.S., and Charles Aston Key, Esq., Senior Surgeon to Guy's Hospital,

PRACTICAL OBSERVATIONS on the CAUSES and TREATMENT of CURVATURES of the SPINE; with Hygienic Directions for the Physical Culture of Youth as a Means of Preventing the Disease; an Etching and Description of an Apparatus for the Correction of the Deformity; and Engravings illustrative of the Cases. By SAMUEL HARE, Surgeon.

London: Simpkin, Marshal, & Co., and of all Booksellers.

* Mr H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the provisions of the 2nd and 3rd of Wm. IV, chap. 109, sect. 47.

*** Messrs Hare and Copperthwaite, Surgeons, &c., are in want of a well-educated Youth as a Pupil.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

COURSES of PRIVATE CATECHETICAL INSTRUCTION, with the aid of *recent Dissections and Surgical Operations upon the Dead Body*, will be continued, as usual, during the ensuing winter, by Mr DERMOTT, whereby gentlemen are qualified to pass their examinations.

Pupils entering the above Private Instruction are allowed to attend Mr D.'s Public Lectures on Anatomy, Physiology, and Surgery, also the Demonstrations and the Dissections (recognized by all the Medical Boards), and to receive certificates of such attendance, gratuitously, without extra fee.

HOUSE PUPILS received, who have extra Instruction and advantages.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

UNIVERSITY COLLEGE.

This day is Published, in One very large 8vo. volume, cloth, lettered, containing upwards of 1150 closely printed pages, price 1*l.* 2*s.*

THE PRINCIPLES and PRACTICE of MEDICINE, founded on extensive experience both in public Hospitals and in private Practice, and as developed in a Course of Lectures at University College, London; by JOHN ELLIOTSON, M.D., Cantab. F.R.S., late Professor of the Principles and Practice of Medicine. Senior Physician to the North London Hospital; with Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

London:—Printed for Joseph Butler, Medical Bookseller and Publisher, 4 St Thomas's street, Southwark.

CHEAP BOOKS.—9 GOWER STREET NORTH, UNIVERSITY COLLEGE.—Dr Mackintosh's Practice of Physic, 2 vols., last Edition, 21*s.*, published at 31*s.* 6*d.* Dr Craigie's Practice of Physic, 8vo. 13*s.*, published at 18*s.* Dr Marshall Hall's Practice of Physic, 8vo. cloth, lettered, 10*s.* 6*d.*, published at 16*s.* Dr Elliotson's Practice of Physic, 8vo. pp. 744, 10*s.* 6*d.*, published at 16*s.* 6*d.* Cooper's 1st Lines of Surgery, Fifth Edition, plates 10*s.*, published at 18*s.* Lindley's Introduction to Botany, Second Edition, Plates, 12*s.*, published at 18*s.* Underwood on Diseases of Children, by Dr Merriman, half russia, 8*s.*, published at 14*s.* Blumenbach's Natural History, by Gore, Plates, scarce, 7*s.* 6*d.*, published at 14*s.* Gregory's Conspectus, 8vo. Ninth Edition, 6*s.* 6*d.*, published at 12*s.* Balfour on Emetic of Tartar, 8vo. 4*s.*, scarce. Dr Venable's Celsus, interlinearly translated with ordo and text, 12mo. 6*s.*, published at 12*s.* Celsus, translated by Dr Greive, Third Edition, 4*s.*, published at 7*s.* Hargrave's Operative Surgery, 5*s.* 6*d.*, published at 9*s.* Brodie on the Joints, Third Edition, 6*s.* 6*d.*, published at 10*s.* 6*d.* Turner's Chemistry, Second Edition, 5*s.* 6*d.* last Edition, three Plates, 11*s.* published at 15*s.* 6*d.* Bayle's Anatomy, by Bennet, calf, scarce, 4*s.* 6*d.*; Original Edition in French, 3*s.* 6*d.* calf. Edwards's Surgical Anatomy, by Coulson, 4*s.* scarce. Alcock's Surgery, Plates, 8vo. 5*s.* 6*d.* published at 21*s.* Guthrie's Operative Surgery of the Eye, Coloured Plates, Second Edition, 12*s.* published at 25*s.* Guthrie on Gun-shot Wounds, 10*s.* published at 18*s.* last Edition. Reid's Practical Chemistry, Second Edition, 7*s.* published at 15*s.* Louis on Phthisis, half calf, by Dr Cowan, 7*s.* published at 12*s.* Clark on Consumption and Scrofula, cloth lettered, 8*s.* 6*d.* published at 12*s.* new. Rayer on Diseases of the Skin, by Dickenson, 8*s.* 6*d.* published at 12*s.* Underwood's Celsus, with text, 3 vols. 8*s.* 6*d.* published at 31*s.* 6*d.* Baillie's Morbid Anatomy, 8vo. calf, 3*s.* 6*d.* Sydenham's Works, translated by Pechey, Eighth Edition, 5*s.* 6*d.* Lawrence's Lectures on Man, Seventh Edition, twelve Plates, 4*s.* 6*d.* Barclay on Muscular Motions of the Human Body, 8vo. calf, scarce, 6*s.* Pole's Anatomical Instructor, containing Instructions for preserving and preparing different parts of the Human Body, as well as Quadrupeds, 8vo. ten Plates, scarce, 5*s.* 6*d.* Elliotson's Human Physiology, last Edition, 15*s.* published at 24*s.* 6*d.* Plates. Anatomical Examinations, by Dr Hooper, 2 vols. 5*s.* 6*d.* Cruikshank's Anatomy of the Absorbent System, 4to. Coloured Plates, calf, very scarce, 10*s.* 6*d.* usually marked 21*s.* Ashwell's Midwifery, 8vo. thirteen fine Plates, scarce, 9*s.* published at 18*s.* cloth lettered Steggall's Gregory's Conspectus, Fourth Edition, 7*s.* published at 10*s.* Ryan's Prostitution of London, ten Plates, 7*s.* 6*d.* published at 10*s.* 6*d.*

E. Moore, 9 Gower street North.

OSTEOLOGICAL REPOSITORY.

45 Museum street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Bauchêne.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40*l.*
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45 Museum street, Bloomsbury.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

GENTLEMEN'S CLOTHES, at REDUCED PRICES.

W. WELSFORD, 146 Leadenhall street.

A Fashionable Coat, Fancy Waistcoat, and Trousers - - - - - -	£4 0 0 to 5 0 0
Handsome Coats, lined with Silk, fashionably made - - - - - - -	3 3 0
Fine Cloth Waterproof Great Coats - -	3 3 0 — 4 0 0
Double-breasted Swansdown or Valencia Waistcoats - - - - - -	0 10 0
Fine Double-breasted Swansdown or Valencia Waistcoats - - - - - -	0 12 0 — 0 16 0
Stout Buckskin Trousers - - - - -	0 16 6
Superfine Cassimere Trousers - - - -	0 18 0 — 1 5 0
Fine Cassimere Trousers - - - - -	1 4 0 — 1 8 0
Warm Great Coats for Travelling - - -	2 2 0 — 3 0 0
Cloaks of all Descriptions - - - - -	1 5 0 — 3 0 0
Camlet Boat Cloaks, Cape and Sleeves lined -	2 0 0 — 2 10 0
Satin Waistcoats, newest patterns - - -	1 0 0 — 1 10 0
Rich Silk Velvet Waistcoats - - - -	1 4 0 — 1 10 0
Young Gentlemen's Jackets, Waistcoats, and Trousers, lined - - - - - -	2 5 0 — 2 15 0
Pilot Coat, Velvet Collar, bound and lined -	1 4 0 — 2 15 0
A Suit of Livery - - - - - - -	3 18 0 — 4 10 0

Three Suits per Year 12*l.*—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large Assortment of Ready-made Clothes.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5*s.*; Concave, 7*s.* 6*d.*

Best Brazilian Pebbles, in gold frames	£1 15 0 for Ladies.
Ditto, double joints - - - -	2 5 0 for Gentlemen.
Ditto, standard silver - - - -	0 15 0 for Ladies.
Ditto, double joints - - - -	0 16 6 for Gentlemen.
Ditto, finest blue steel frame - - -	0 15 0 for Ladies.
Ditto, ditto, double joints - - -	0 16 6 for Gentlemen.
Ditto, tortoiseshell frame - - -	0 10 0 for Ladies.
Ditto, best black buffalo horn - -	0 7 6 for Ladies.
Ditto, strong steel frame - - -	0 7 6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3*s.* 6*d.* to 2*l.* 10*s.*

GLAZIERS' PATENT PLOUGH DIAMONDS, 12*s.* 6*d.*

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel - - - -	£2 5 0
Ditto, Rosewood, inlaid with Pearl - - -	4 0 0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5*s.* to - - - - - -	6 6 0
Most Improved Mountain Barometer - - -	5 10 0
Ditto, Marine, from 3*l.* 10*s.* to - - - -	6 6 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 7. Vol. 1. LONDON, SATURDAY, NOVEMBER 9, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 121 OXFORD STREET

MEDICAL PORTRAITS.

JONATHAN PEREIRA, F.L.S., LECTURER AT THE LONDON HOSPITAL, AND AT THE ALDERSGATE SCHOOL OF MEDICINE, AND EXAMINER IN THE UNIVERSITY OF LONDON.

Good morning, sir; just stay one moment; we will not detain thee a second from lecture, while we sketch your handsome person and consider your intellectual character. Stand forth on our "breathing canvass" in all your excellent proportions, thou son of a Portuguese refugee, brother to *Jeremiah*, and *Benedict* to a lady with eight thousand pounds. Thy father, as thou knowest, was a "gambler"—start not, friend Jonathan—we mean on the Stock Exchange; he *scraped* enough cash to place thee and thy brother *Jerry* amongst the "subordinates" of the profession—as Apothecaries. When you emerged from the counter you obtained the patronage of the *immaculate* 'Lancet;' you became its *reporter*, and the justice you dealt out on the respectable members of the profession will now be awarded to thee. You obtained the post of Apothecary to that sink of iniquity called the "Aldersgate General Dispensary," which, as thou knowest, has received the condemnation of the medical press and the execrations of the profession. When you became dispenser of Herring's drugs (who, by the bye, is *treasurer and druggist also*, which is exceedingly consistent, and *very profitable, no doubt*), you declined reporting any more trash; you wished the ignoble occupation to be forgotten and forgiven. You now elevated your head, became a *little* haughty, until at length you resigned your post in favour of your *talented* brother "Jerry." When you held forth as a lecturer at the Aldersgate School and the London Hospital, you became an *author!* and a *grinder* of the "fresh and green" whom you *caught* in the Whitechapel road and amongst the purlieus of Bartholomew Close. We should have mentioned that you were *educated* at the "London," and that Dr Steggall was a fellow-pupil with thee. Yes, you became an author! of two immortal works, one called 'Select Prescriptions,' which were of such a character as to resemble "Bramah locks," for they required a 'Key' to enable the "fresh and green" to understand them. Oh! this was a rare book, and rare profits did you and Highley make of this five-shilling volume, including the "Key," until poor Meade rushed into the field of "*literature*," and destroyed your monopoly. The other book was a grinding book, which in the course of time, we believe (about 1826), you abandoned. Yes, thou art an ungrateful *father*. Start not, Jonathan; we don't mean to insult you by stating you are really the father of children—*real* babies, but we mean you ungratefully cast the bantling of your *brains* on the "wide waters," and you fondly hoped that the "great deep" would receive the poor misshapen abortion, which you christened (with the printer's devil) 'Manual.' But it obtained a foster-father, and is the pet of all the "fresh and green." *You know* why we use the sentence "fresh and green" so often. Ah! Jonathan, so shall the world (for our journal has penetrated every country where literature is cultivated, and it is at this moment travelling across the Andes). *You wrote it in the Gazette.* Now, Wakley, open your eyes and regard your former *protegé!* Yes; you, Jonathan Pereira, wrote it. Nay, don't deny it, or we will

"Call spirits from the vasty deep,"

and Dr Cuming "*will come*," and testify to the truth of our allegations. You lecture at the London Hospital on Chemistry and Materia Medica; ditto, ditto at the Aldersgate School; and while you read your lectures they are useful and instructive; but when you attempt to start out of leading-strings, you are just—*nothing*. We have almost done; we have only to notice the last attempt you made to perpetuate your unpronounceable name, we mean the lectures you brought out on Materia Medica, copied from the 'Medical Gazette.' We shall use the statement of that excellent journal, 'The British and Foreign Medical Review:' that brief *sentence*—for a sentence it is—has crushed your attempt. Dr Forbes says:—

"A work like this is *unsusceptible* of analysis. The book is neither to be analysed by the critic, *nor read by the buyer.*"—No. 16, Oct. 1, 1839.

This portrait may require, in the course of time, *retouching*. Should it fade, we shall cheerfully request you to "stop" again.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

INFLAMMATION FROM SYMPATHY—DISORDER OF THE DIGESTIVE ORGANS.

I have hitherto spoken to you, gentlemen, of inflammation as brought on by causes that act immediately on the affected part. Now there are other and numerous cases in which we can observe no direct application made to the affected part; but we discover the existence of disturbance in other quarters, and we find in many cases that the removal of those disturbances brings with it the cure of the inflammation; thus we are led to consider the inflammatory affection as the consequence of the disturbance existing in other parts. The former are cases of what would be called *idiopathic* disease—in which the cause is directly applied; the latter are *sympathetic*, that is, dependent on the previous existence of disease in some other part.

Now I shall just exemplify this sympathetic occurrence of inflammation by certain cases, which will show you how it takes place. I had a gentleman under my care, who laboured under an affection of the glands of the axilla. He was a young man who had been accustomed to free living, and he did not submit very willingly to those restraints of diet which his case required. One day, feeling himself low and weak, he thought a good meal would benefit him, and so he took a hearty dinner and some wine, in opposition to the injunctions that I had laid upon him. He found himself none the worse, perhaps rather the better, and this induced him to repeat the indulgence. On the following day he again took a full meal, and drank some bottled ale with his dinner, and, as he himself acknowledged, about a pint of port wine. This disordered him very much; he passed a bad night, and felt very unwell on the following day; in the course of eight-and-forty hours he became excessively ill indeed—he was hot and very restless, with a full tense pulse, and violent pain in the neighbourhood of the local disease. He sent for me early in the morning, when he presented a specimen of the most violent erysipelas of the skin I ever saw; from the shoulder down to the elbow the skin was a most vivid red, and beset with those minute vesicles which belong to that kind of inflammation. Here, you will observe, that there was no direct application capable of exciting disease made to the part in which the erysipelas took place: it was a sympathetic effect, so far as the skin went, consequent on a disturbance produced in the digestive organs by imprudence in diet. I removed in this hospital a loose portion of cartilage from the knee joint of an adult man. At the end of four or five days it appeared that the incision, which had been made into the joint to remove the loose body, was healed by adhesion; but, in a way that I could not account for, hæmorrhage subsequently took place from the wound, and a layer of coagulated blood was formed; the adhesion that had occurred was separated, and the main object of the operation was frustrated. The consequence was, that an inflammation occurred in the joint, and suppuration taking place, the patient became very ill, and, after lingering for some time, he died. On opening the body I found inflammation of the liver and intestines; there were numerous depositions, partly of a purulent nature, and partly of a substance like lymph, in masses, varying from the size of a pea to that of a hazel nut: one such existed in the substance of the brain. This kind of occurrence is not very rare; and there is a paper contained in the 15th volume of the 'Medico-Chirurgical Transactions,' stating a great number of cases in which serious inflammatory affections of various internal organs were found in conjunction with severe external inflammations. Again, a patient may have gonorrhœal inflammation of the conjunctiva without our being able to discern any particular application to the eye; or he may have violent ophthalmia, and this be followed by the synovial inflammation of the various joints. These, you observe, are different from the preceding cases, in all of which we could detect the application to the inflamed part of some direct cause of disease. But, in the various instances that I have now recounted, no direct agency can be traced to the part that is the seat of the complaint; and if there is any mode in which we can account for those inflammatory changes in the instances referred to, it is through the indirect and sympathetic influence exerted on the parts by diseases existing in some other organs of the body.

The reciprocal influence which the head and the viscera in the abdomen exert over each other, forms a good illustration of the subject of sympathy, and constitutes, in fact, an inquiry of considerable practical importance. When a person has received a violent injury of the head, nothing is more com-

mon than for sickness to ensue, and the contents of the stomach to be ejected by vomiting; if this does not take place, the patient probably loses his appetite, and becomes costive. If a person in perfect health receive a piece of very bad news or afflicting intelligence, it will entirely destroy the appetite. I have known a gentleman just on the point of sitting down to dinner, in perfect health, receive a piece of news of a distressing kind, and be utterly unable to take a mouthful of food. The state of the stomach is equally capable of exerting an important influence upon the head: thus it is known that worms in the alimentary canal, particularly of a child, are capable of producing convulsions. A state of disorder in the stomach, and other parts of the alimentary canal, in children, will produce disease in the head, bringing on all the external appearances of hydrocephalus. In severe injuries of the head, it has sometimes been found that the liver is the seat of abscess, or rather of the deposition of pus to which I have alluded. On the other hand, the terms hypochondriasis and melancholia, which are applied to certain states of mental feeling, clearly show the opinion that has been entertained respecting these affections, as either originating from, or being immediately connected with, the organs contained in the abdomen, particularly the liver. Hypochondriasis and melancholia are ancient terms, and no doubt were applied to express the connexion between certain states of the liver, or other abdominal viscera, and this condition of mental feeling. In cases of jaundice, every one knows that there is a remarkable degree of languor and dejection.

When you consider the great extent of the digestive apparatus, taking the alimentary canal and the various parts that are subsidiary to it—when you remark the organization of these parts, the copious supply of blood which they receive, and the very important nature of the offices they execute, you will not wonder that they are the seat of a very important set of symptoms. We find, in fact, that nearly all parts of the body are capable of acting sympathetically on the digestive system; and, reciprocally, that these organs are capable of affecting almost all others.

Disturbance of the digestive organs is capable of affecting, sympathetically, all the other parts, so as to produce inflammation, more or less violent—ulceration, thickening, induration, and various kinds of disorganization. There can be no doubt that to these sources we must refer a considerable portion of those local diseases which, in common language, are said to arise spontaneously—a considerable portion of those diseases, the origin of which cannot be accounted for by the immediate application of any cause. The digestive organs have to perform the important office of preparing the supply of new materials for the growth and repair of the body. They also remove from the system the residue of alimentary matter after the nutriment has been extracted from it. If healthy supplies of new matter are introduced into the frame, all the animal actions, whether bodily or mental, are carried on with vigour; the body is active, the mind is alert, and a general feeling of health pervades the whole frame. But if the nutritive system is disturbed, if the alimentary canal is loaded with undigested matters and unhealthy secretions, then materials of disease rather than of health are distributed over the frame, and we cannot wonder that every part of the body should suffer. Every organ may be disturbed, and the mental functions deranged, under such circumstances. It is probable, in this point of view, that even character and manners may in some measure be affected by the mode in which the functions of the digestive organs are carried on. This truth seems to have been perceived even by those who have not made medicine a direct or immediate object of study; at all events, the point is handled with a curious mixture of drollery and good sense by Voltaire in an article in which he has illustrated various philosophic doctrines, and which is entitled "*Ventres Paresseux*—Costive Bellies." He says that the character and turn of mind in an individual depend very much on the way in which the bowels perform their office; and that "if a person should have to ask a favour of a minister, or of his secretary, or of his kept mistress, he should endeavour by all means to ascertain whether they go regularly to the close-stool. If possible, he should select for the time of preferring a request the period immediately after the individual has had a comfortable evacuation, for it is a remarkably propitious moment; it is one of the *mollia fandi tempora* which ought always to be seized, one in which a man is in good humour with himself and all around him."

Now, since disorder of the digestive organs is sympathetically a cause of many local effects, and since the efforts for their cure will depend materially upon our success in discovering the cause, and in applying suitable remedies, it is necessary to inquire a little more particularly into the mode in which such derangement takes place, and into the circumstances which denote its existence.

We find, in the first place, that all kinds of serious external injuries are capable of producing sympathetic disturbance in various parts of the alimentary canal, and that pain and tenderness in the hypogastric region, thirst, diminished appetite, costiveness, and increased frequency of pulse, with heat of skin, very remarkably attend such accidents. Thus they form an assembly of symptoms, constituting a kind of fever; these circumstances being, for the greater part, immediately referable to the disorder I have just mentioned. We find also that every considerable local disease, as well as external injury, is capable of acting sympathetically on those organs. However, the most frequent cause of disorder of the digestive organs is, unquestionably, excess of nutrition, which I have already had occasion to allude to as being the immediate source of that state of plethora which constitutes the predisposition to local inflammation. It is common inflammation which occurs from the excess of nutrition in an individual who is otherwise healthy. Now, if the same cause continue to act—that is, if to the system, which is already overloaded, fresh supplies are continually added, then the condition of the organs begins to be altered; they are unable to dispose of the matter thus brought in, they get out of order, and the individual soon passes into an unhealthy condition. You will naturally expect that the functions of the stomach, into which the food is taken, should be immediately deranged; in fact, digestion is first impaired under such circumstances; and the actions of the absorbent, the nervous, the chylopoietic, and the vascular systems, are subsequently disturbed. The fecal and urinary discharges become deranged in various degrees, and you have symptoms proving the impaired performance of these actions, by which the residue of the alimentary matter ought to be removed from the system. Now, in the first of these two states there is plethora from an excess of nutrition. In the other case the principal source of disease is a defect of excretion. The second condition is beyond a state of mere plethora—it is plethora, with defective secretion added to it. These terms may serve, in a general way, to characterize the two conditions I have just alluded to—plethora from excessive nutrition, and plethora with defective excretion.

In the stomach we observe, under the circumstances alluded to, that certain uneasy sensations are produced; after taking food, a sense of weight, and other unpleasant effects, are often experienced. We find, after this, a defect of appetite, with flatulence. In other cases an unnatural desire for food comes on, and although what is taken is not properly digested, yet there is a constant desire or craving for food, that leads the individual to add to the load by which the organs are already oppressed. In the intestines we notice an irregular performance of their functions—very commonly a state of costiveness; and this is succeeded by, or perhaps alternates with, diarrhœa. Sometimes the intestines contain an accumulation of feculent matter, so that a large quantity is lodged in them, and continues there for a considerable length of time. This will occur although the patient has regular motions, and it is by no means uncommon for a considerable quantity of matter to remain in the alimentary canal notwithstanding. The colour of the fæces will also vary from that healthy appearance gained by the due admixture of bile, and the tongue presents a foul, loaded state, being covered by a kind of nasty clammy deposit—an uniform sign that the stomach is in an unhealthy condition. There are varieties in the appearance of the tongue; it does not always exhibit the same character; frequently, in those disturbances of the stomach and alimentary canal which are of long standing, it is of a yellowish brown appearance, something like buff. The white state of the tongue is not, in my opinion, to be particularly regarded as indicating disorder in the stomach. We see the tongue white, not in consequence of its being covered by any deposit or secretion, but as if from the substance of the tongue itself being rendered white. This is observed in cases either of plethora, when passing almost into a condition of disease, or in cases of active inflammatory disturbance, and is an indication of those states rather than of a particular disturbance of the stomach. It is a tolerably unerring criterion of the existence of inflammation, and it may be considered as a sign that we ought to bleed those individuals in whom it is noticed. Whenever the functions of the stomach, liver, and alimentary canal are impaired, you must carefully examine into the state of the urine, to find if it be properly secreted, or if it be altered in quantity or in quality. In concurrence with these circumstances, you will find the state of the skin more or less deviating from a natural condition. There is a peculiar dingy aspect of the complexion, a sallowness of countenance, a dryness and harshness of the surface of the body generally, which form a striking contrast, both in respect to the feeling when touched, and the appearance to the eye, with the naturally soft, light reddish, and slightly moist surface of the skin.

Such are the various circumstances that point out to us the existence of those disturbances, or diseases, in the alimentary canal, or in the digestive organs taken generally, which are the source of a great variety of those local inflammations which we cannot trace to any immediate cause—to any direct agency applied to the affected part. You will observe that the condition I have been speaking of may be regarded in two lights. You may view the matter as a general condition of plethora of the system, or you may particularly attend to it as indicating disturbance of the digestive organs: the one is more general, the other rather a more partial view of the same phenomenon. In addition to the works of Mr Abernethy on this subject, I would recommend you to examine the views of Dr Hamilton, in his work on the *Utility of Purgative Medicines*, and also those of Broussais, in which he ascribes to the digestive organs the production of fevers. He refers to diseases of the mucous membrane of the stomach a great share of all the diseases that occur in the human body. We cannot, perhaps, say that the opinions of any of these individuals are to be adopted to the full extent, but no doubt there is a great deal of truth in the statements of each, inasmuch as they arrive nearly at the same point, and this, too, by different modes of investigation. Their concurrence, so far as they go together, is a strong argument in proof of what they have deduced, and of the accuracy of their views of disease, both practical and pathological.

Conundrum.—Why are Power and Bower like millstones?—Because they make bread by grinding.

Dr Ryding, Euston square.—We have a sincere desire that every medical practitioner should be respected, not only by his professional brethren, but also by the public. We cannot therefore refrain from noticing a plan this M.D. has adopted, in order, as we suppose, to obtain practice. Every morning may be seen in Gower place, at Dr R.'s surgery door, a crowd of men, women, and children, affected with almost every disease. The doctor names a certain hour for affording advice gratis. Long before that time the poor begin to assemble on the pathway. At length the door is opened, which admits about four or five persons; the remainder are left shivering in the street. There the doctor keeps them for the space of an hour to two hours, until all have been admitted. Now this is an intolerable nuisance to the neighbourhood, and we cannot compliment Dr Ryding on his humanity in keeping so many poor wretches *outside* his door for the unworthy purpose of impressing on the vulgar an opinion of his skill in medicine, and inducing others to consult him. It may be *profitable*, but we ask—is it *respectable* or *humane*?

REVIEWS.

Several reviews are in type, but postponed for a week by the pressure of other matter.

BOOKS RECEIVED FOR REVIEW.

'The Eye; a treatise on the art of preserving this organ in a healthy condition, and of improving the sight; to which is prefixed a view of the anatomy and physiology of the Eye, &c.' By J. Ch. August Franz, M.D., &c. &c. Pp. 296. 8vo. Churchill.

'Lectures on the Principles and Practice of Midwifery.' By James Blundell, M.D., &c. Edited by C. Severn, M.D. J. Masters, 33 Aldersgate street. 12mo. Pp. 568.

'A Challenge to Phrenologists, or Phrenology tested by Reason and Facts.' By A. M., of the Middle Temple. J. S. Hodson.

'The Student's Royal Road to Anatomical Knowledge. In 24 Tables.' By a Professor of Anatomy. Burgess.

'An Essay on the Functions of Life,' &c. By W. Batten, Esq., Surgeon, Licentiate in Medicine, &c. Butler.

LIFE OF MR THOMAS WAKLEY, M.P.—III.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—I have received several letters complaining of the omission of the marriage of Mr Wakley with Miss Goodchild, and other domestic circumstances connected with the subject of these papers. To all correspondents I beg at once to state that I approach not the *private* life of Mr Wakley—I intrude not on his domestic hearth. His *public* career is public property, and that I attempt to delineate. No man shall charge me justly with partiality. On the other hand, I scorn the idea of committing injustice against a man who, since he became a Radical, has effected reforms of a beneficial tendency to the poor and lowly. I am no eulogist of the Coroner for Middlesex. I shall have just cause to condemn some part of his parliamentary conduct. My last chapter has created a sensation amongst all classes of reformers, but more especially in Finsbury, where the feeling is intense. Mr Wakley's constituents ask one another if their Radical member could have written such fulsome trash about Royalty, and many intend to request an explanation at the next election. Some whisper that Mr Wakley intends to resign either his seat in Parliament or the Coroner's office. Be this as it may, I vouch for the truth of the document; and Mr Wakley cannot, nay he will not, deny that he wrote it.

I have shown that Royalty prevented Sir A. Cooper from instituting proceedings against the editor of the 'Lancet,' and I have exhibited the fatal gratitude of Mr Wakley to the King and *all* his family. But although Sir A. Cooper did not openly oppose the publication of his discourses, yet his nephew, Mr Tyrrell, was either incited to proceed in an action against the 'Lancet' for the publication of his uncle's lectures, or from motives not entirely devoid of selfishness. Mr Tyrrell transcribed the lectures, added notes and plates to them. During the publication of the same discourses in the 'Lancet,' this hospital bat had the folly to prosecute Mr Wakley for a "piracy" from his volumes. It was distinctly proved that Mr Tyrrell had actually transcribed the lectures *from the 'Lancet!'* The volumes by Tyrrell contained a *passage never uttered by Sir Astley Cooper, but inserted by the reporter of the 'Lancet' as illustrative of the subject of the lecture!!* This trial was ill-advised and foolish. The counsel for the 'Lancet,' Lord Brougham, covered Tyrrell with ridicule. His satire was deeply felt—indeed it never can be forgotten—by the object of it.

This action scarcely deserves a place in this history; but, as it illustrates the hatred the whole batch of hospital surgeons entertained for Mr Wakley, I could not, consistently with my sense of justice, omit it. The next bold step of the editor of the 'Lancet' was to enter at once into the lion's mouth, and strike the monster monopoly directly in front. In 1825 the lectures of Mr Abernethy were published *verbatim* from the lecturer's lips. This eccentric surgeon was almost mad with rage to perceive all his "*hang its*" and "*dang its*," with his peculiar wit, pourtrayed in print to the profession and the public. Every expedient was resorted to in order to prevent their appearance, but without success. Mr Wakley had resolved to hazard everything to establish, as he conceived, an important right—that of publishing lectures delivered in our *public* hospitals. Mr W. never claimed to publish the discourses of *private* lecturers; but, believing that our noble institutions—endowed by the illustrious dead, and not supported by the voluntary subscriptions of the living—were public property, and that the discourses of the hospital officers were public property too, he commenced a crusade into their camp, and frightened the incompetent, while he induced the man of talent strictly to observe his duties as a public functionary. Against these liberal notions were arrayed the whole staff of all the hospitals, with Mr Abernethy at their head. A resolution was passed by these "bats," and the result was an application to the Court of Chancery for an injunction to restrain Mr Wakley from publishing Mr Abernethy's discourses. The injunction was granted on an *ex parte* statement, as a matter of course. Mr Wakley met his opponent, and after long arguments on both sides, in which much ingenuity and a vast amount of legal knowledge was expended, the Chancellor (Lord Eldon) *dissolved* the injunction on the 25th of November 1825. Thus a victory was achieved that relieved the medical press from a thraldom. This decision is of immense benefit to the profession and to science. Too much praise cannot be awarded to the editor of the 'Lancet' for his energetic efforts to render the press free. Although the fact of Mr Abernethy having failed in his attempt to gag the medical press is well known, yet the *grounds* on which the Lord Chancellor dissolved the injunction are but little understood by the public.

Mr Wakley's counsel submitted to the court that Mr Abernethy delivered his lectures *extempore*, and not from *written notes;* and that, this being the case, he could have no more right of property to his discourses than a man possesses to words constantly issuing from his lips; and that, should the injunction be made absolute, the whole press of England would be shackled. This seemed to strike the Chancellor as an excellent point in favour of the editor of the 'Lancet,' when the counsel on the side of Mr Abernethy prayed for time to file an affidavit on the part of their client, to the effect that Mr Abernethy *did lecture from written notes.* The Chancellor granted time, when a paper was put in purporting to be an affidavit from Mr Abernethy, *but not sworn to* by that gentleman, in which he declared he did lecture from "written notes." An objection was taken against the document by Mr Wakley's counsel, on the ground of its not being sworn to by Mr Abernethy, which the Chancellor deemed a valid objection. Mr Abernethy fumbled to no purpose; the fact soon became apparent. Mr Abernethy possessed *no written lectures*, consequently he could not produce them. He did, however, produce some *notes;* but, as they might refer to lectures long since delivered, they were deemed inadmissible by Lord Eldon. His Lordship therefore decided that, in the absence of proof that Mr Abernethy did *lecture from written notes*, he must dissolve the injunction, which was dissolved accordingly; but the Chancellor conceded to Mr Abernethy the right to apply to the court again if he deemed it necessary. I need not state that Mr Abernethy felt the point of the 'Lancet' too severely ever to appear again in a court of equity. Thus it appeared that lecturers in our public hospitals—which have been raised and supported, by the gifts of benevolent persons, for the purpose of relieving the sufferings of the indigent—possess no copyright unless they are delivered from MSS. *in the lecturer's own handwriting.* But the decision of the Court of Chancery would have been opposite to the one in this memorable case, had a lecturer applied for an injunction, being attached to an institution like King's College or University College, because these institutions are supported by a joint-stock company, consequently they are regarded in law as *private property.* Censor.

MIDWIFERY.

SINGULAR CASE OF A WOMAN DELIVERED OF FIVE CHILDREN.

Guiseppa Califani, of Naples, at the age of fourteen years and three months, was married to a man aged twenty-seven, by whom she had ten children at eight accouchements; at the fifth and sixth producing twins. She lived with her husband ten years, and remained a widow three years after his death; she then took a second husband, whose age was about twenty-nine. After two regular accouchements, upon her third pregnancy she became enormously large; so that, at seven months, she appeared to be at the termination of her natural period. She was taken, however, at seven months, with labour-pains, and brought forth successively, and by natural presentations, five living children, all of whom were baptized. The mother did not suffer anything extraordinary. Four of these children were females, and one male. The male infant was delivered first, and, after a few minutes, one female; then, after a cessation of fifteen minutes' interval between each, the other three followed. The infants much resembled each other, and were of a regular form, and well grown, and very nearly of the ordinary size of a seven months' fœtus; each weighed about 3½lbs., and measured in length a French foot. The insertion of the umbilical cord was about four lines lower down than ordinarily. The placentas with their membranes were four instead of five; and each had its proper umbilical cord, except the fourth, which contained two in one large sac. The fœtus, with their membranes, placenta, and umbilical cords, are preserved in the Royal Anatomical Museum of the University of Naples. Vincenzo Licci, of Calimera, in Otranto; Vincenzo Massari, of Molfetta, in Bari; and Dr Antonio Scacani, of Naples, conducted the examination.

[The above case was originally reported in the *Giornale delle due Sicilie*, June 28, 1838, by Dr Pasquale Cattolica, Clinical Professor of Midwifery, and Sig. Antonio Nanula, Professor of Pathology in the University of Naples—and bears every mark of authenticity: we extract it from the under-mentioned journal.]—*Bulletino delle Scienze Mediche. Agosto e Settembre*, 1838.—*Med. Chirur. Rev.*

ST GEORGE'S HOSPITAL.

"Give a dog a bad name and hang him."—Solomon.

Mr Editor,—I do not mean to say that you have unjustly christened Sir Benjamin Brodie the *Jobber-General*, but I do assure you that he gets more credit for jobs than what he deserves. To give you a notion of the supposed extent of his power in jobbing, it is publicly declared by his enemies that he is preparing a job, which, if it is possible to give credence to the report, would be a more blackguard and unjust transaction than any I ever heard imputed to him. The report is, that a Mr Warder, who is in every respect an excellent young man, and a *protegé* of Sir Benjamin's, is, by a species of hocus-pocus, to be placed over the heads of some dozen of elder students, all of whom are looking forward to the vacancy of house-surgeon to the hospital. The scheme of the Jobber-General is to make him immediately a perpetual pupil, in which capacity, by the regulations of the hospital, he must serve for a period of three years; but the tongue of slander asserts that, by some manœuvre or other, this bye-law will be suspended, and that the "happy man" will get appointed to the house-surgeoncy long before he could possibly attain it according to the strict letter of the law. Caustic.

Board-room, St George's Hospital,
November 1, 1839.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.

THURSDAY.—Operations at St George's, at one.

FRIDAY.—Operations at St Thomas's.

SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

DR ANTHONY TODD THOMSON *has* 10 *shares!! in the Joint-stock College, in which he possesses a chair. This cannot be supposed to* lessen *his influence.*

DR TURNBULL.—*This practitioner lately attended a case, and received his fee of a guinea for each visit. Wishing to divide the responsibility, he called in Dr Marshall Hall and Dr Arnott, and consulted with these gentlemen. Is it professional and according to etiquette in such persons as Drs Marshall Hall and Arnott to countenance his proceedings by meeting "Dr" Turnbull in consultation?*

RICHARD QUAIN.—*We believe it is quite true that some time since, perceiving a few of his class on the upper benches smoking cigars, they not being able to hear what the Intriguer was talking about, he commanded them to desist, exclaiming in a dictatorial manner against such a "beastly" habit. This outbreak elicited a good hissing, which continued amidst cries of "apologize, apologize." Quain was compelled to admit he was "hasty," upon which he received a round of ironical shouts, mingled with triumphant cheers from the class. But Quain resolved to be revenged, so he prohibited smoking in the dissecting room, and for this and his other good qualities he is cordially hated.*

DR MARSHALL HALL.—*We shall a tale unfold of this nervous M.D., of his history from the time he resided at Manchester, up to his resignation of the Chair of Medicine at Sydenham, in order to obtain Dr Elliotson's professorship, not forgetting his defeat in an interesting point of science, by Mr Newport, and his reproaches on that talented young physiologist, relative to personal obligation received from the worthy M.D.*

NORTH LONDON SCHOOL.—"*There is a tide in the affairs of men, which, taken at the* Flood, *leads on to fortune.*"

PLEDGE.—*It is not Harrison, the Pawnbroker's son of Broad street, and Lecturer at St George's, who follows the grinding system. Lane is a prudent man, and cuts his cloth accordingly.*

CYCLOPS.—*The dispensary is about to be established,—we will keep our* eye *upon it.*

"OLD HOSPITALITY" *may attend without an invitation,—Dr Sigmond will give "tea and turn-out" to his numerous pupils and their friends every Sunday evening, at eight o'clock.*

K. G.—*George James Guthrie, we have reason to believe, has given up all hopes of becoming a Baronet, at least he has made no* application *of late.*

We shall commence a series of Retrospective Reviews in an early number, in which we shall analyse all the works which claim attention from the student, as standard treatises.

SURGEONS AND CHEMISTS' ASSISTANTS *will find a friend in* THE MEDICAL TIMES, *anxious to advance their just views to the fullest extent. Several communications have been received.*

We would recommend "An Author" to arrange with Churchill—he can be depended upon as not keeping two *accounts, a practice not uncommon.*

A STUDENT.—*We do not know the precise sum which Dr Hall received for resigning his lucrative chair at Sydenham College.*

The letter dated Red House, Battersea, has been received. Q. is not right; there was no bungling in the operation. The extraordinary hurry and bustle arose from the arrival of Sir Benjamin being momentarily anticipated; for, had the Baronet arrived, it was understood that he would have played first fiddle.

EYE SNUFF.—*Guthrie is up to snuff and a pinch above it,—so says Sir Anthony. The use of a name meets with a suitable reward.*

If A. B. *will authenticate his letter about* DR ELLIOT- *with his name and address, we may insert it.*

MASTICATOR.—*Sigmond will learn more wisdom presently—the "Dentes Sapientiæ" are not yet cut.*

ERRATOR.—*The fault lay with* MILLS, *not with Mr Wakley.*

The "Jobber General" always recommends one manufacturer to make bandages and machines for ALL *his patients—a handsome percentage* ought *to be allowed.*

THE LONDON UNIVERSITY.—*It is said that the examinations of this August body excuse themselves for their recent conduct to Mr Mackenzie on the plea of his "deficiency in toxicology," urging this new accusation as justifying their placing him in the* second *class for honours at the late examinations. It is added that "He had* paid *for a ticket, but Dr Anthony Todd Thomson refused giving him a 'certificate' of having attended his lectures on Materia Medica!" Is this true? Mr M. must not rest until he has obtained justice.*

STUDENT U. C.—*The letter is very well written, but our esteemed correspondent must feel that he sends allegations without proof. He must also give us his name and address,—no anonymous statements being admissible.*

SHAKSPEARE CLUB, BERWICK STREET, SOHO.—*We feel obliged by the communication forwarded to us by Argus. We are passionately attached to the writings of our immortal bard, and if we can find room for the remarks of Dr Mc Donald, Mr George, Mr Harding, and others, we certainly will. Argus is very accurate in his account of the proceedings of the club.*

A SUBSCRIBER.—*Lectures, 40l.; Hospital, 26l.; College, 22l.; Hall, 10l.; independent of subjects for dissection, books, board, lodging, &c.*

THE MEDICAL TIMES.

TERROR OF THE MONOPOLISTS—THEIR CERTAIN DEFEAT.

FIERCE are the mutterings of vengeance, deep are the denunciations of ill-concealed malice, which have greeted our exposure of the truth respecting the minor *illuminati* who assume the first honours of medicine. In declaring that the tortuous windings of the intriguers, the mean devices of the toadies, should be submitted to the public eye, we offended against the orthodox notions of professional propriety, and gained for ourselves the bitter hatred of such of the jobbers whose deeds will not bear exposure to daylight. Publicity to them is ruin: truth is annihilation. They know that every trick and meanness exposed in our columns becomes known to an extensive circle of readers, and helps to raise the tide of public opinion—to add another measure to that resistless stream which, when it does set against any abuse, public or private, great or small, sweeps it utterly away. Lead in types, is certainly more formidable than in bullets. Every printed sentence exposing wrongs and abuses communicates widely the fact; and however pre-occupied the mind of the reader—however unwilling to believe—however slow to conviction, yet each sentence *has* an effect. Though the process be slow, yet is it also sure. The monopolists know—they *feel*—that such is the case. Their pretended scorn—their simulated contempt—is all outward show. They know our power, and, in the solitude of their own thoughts, they cannot cloak the conviction that truth and justice will ultimately prevail. In the silence of their chamber their hearts sink, and dim forebodings of their fate shadow forth their disgraceful fall.

The well-being and prosperity of the profession cannot be ensured without some sacrifices—and these we are prepared to make. That the monopolists who have perverted the inefficient, worn-out, medical corporations to their own purposes—who have worked the management of our nobly-endowed public hospitals into their own hands, and who, under the *pretence of affording clinical instruction*, have rendered these institutions mere show-houses, in which disease is exhibited to draw money from the student, rather than to afford him instruction in its treatment—This clique, who have turned the channels of public charity into their own pockets, and made private estates out of public property,—such men will stick, like hungry leeches as they are, to the abuses they fatten on, and use every engine to turn our purpose. But public opinion is all-potent, and must and shall triumph. The estates left for the diseased poor shall be devoted to that pious use. Talent alone shall assume the high places in the profession. University College shall no longer be the estate of Mr Richard Quain—St George's cease to be the preserve of Sir Benjamin Brodie—King's College no longer confess the rule of Mr Partridge, or Charing Cross the sway of Dr Golding. The science of medicine shall become an integral portion of the *scientific republic*, and talent be the only stepping-stone to lucrative and honourable promotion.

PUBLIC OPINION SHALL DO THIS, and public opinion shall be created by the exposure of the truth.

THE NEW SESSION.

THERE is a melancholy falling off this season in the number of pupils throughout all the metropolitan schools. This is attributable to several different circumstances, but chiefly to the great advance which has been made by most of those in the provinces. The Medical School of Birmingham has upwards of one hundred students, which is considerably more than any former year. Some little effect might have also been produced from students having repaired to London the last two seasons, in order to evade some of the grinding regulations of the College of Surgeons.

It is not likely that the regulations of the London University for granting degrees will tempt many young men to pursue their studies in this metropolis. The easy and liberal mode by which degrees, especially the cheap rate by which they can be purchased in Germany, is daily inducing persons in every different position to seek degrees in these quarters. We have much to say regarding the trickery and humbug of the London University and its senators, which we will avail ourselves of an opportunity to expose to the public ere long. There never was a mass composed of more heterogeneous elements, and no two of them have ever agreed upon one single point in the constitution and government of this new establishment. They are men of every possible kind and degree—of every different political, moral, and religious creed. They are of all ages; and, as there are assuredly some old women amongst them too, we are not shooting with too long a bow, when we pronounce the members of the senate to consist of both sexes.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

NOVEMBER 2.—Mr Guthrie operated to-day on the left foot of the boy Aldridge, dividing the tendo Achillis and a portion of the plantar fascia, by which the inversion appeared effectually remedied. The right foot maintains nearly the natural position when the mechanical apparatus is removed.

CLINICAL OBSERVATIONS ON INJURIES OF THE HEAD.

Mr Guthrie remarked, that concussion and compression constituted two great divisions of cerebral injuries, of which he would now refer to concussion.

The injury which accrues to the brain in concussion is inexplicable, and cannot be discovered by the scalpel of the anatomist. Its best definition is a shake of the brain. In an extreme case, where a man has been thrown violently from his horse and death has been the immediate result, there may be nothing apparent but a bruise of the scalp, and the brain paler than natural. A less degree of injury may accrue, not leading to an immediate fatal result. Of this Mr Guthrie adduced a case, where a child fell from some height over the banisters of a staircase. When seen half an hour after the accident it was pallid, pulseless, and motionless, insensible to external impression, and the breathing almost imperceptible. After a short time there was a slight convulsive inspiration, soon followed by another. By degrees respiration became apparent, and the pulse perceptible, gradually assuming its wonted regularity, but there was still insensibility. The pulse then became fuller and quicker, and the skin hot: motion returned, and the patient might be roused. Thus is established the second stage of concussion in the course of a few hours. If the patient now die, there is evidence of mischief within the cranium: the vessels of the brain and membranes are gorged with blood; there is a state which is precursory to inflammation. If from this point the disease pursue its course unchecked, the vascular disturbance increases, delirium ensues, followed by coma and death. The congested state has constituted a degree of compression, and all the morbid appearances of inflammation will be found on post mortem examination. Mr Guthrie enumerated the symptoms of idiopathic inflammation of the brain, with which those consequent on the symptomatic inflammation supervening on concussion are identical. He considered very free depletion requisite for the preservation of the patient's life in this stage of the disease, to a much greater extent than is usually recommended. The patient should be bled in the recumbent position, till the abated pulse and pallid countenance evince a decided effect, and the abstraction of thirty or forty ounces of blood might be requisite to induce this. As vascular action recurred, depletion must again and again be resorted to, though to a less amount than in the first instance; but the lancet must be freely used if the constitutional power is good. With respect to other remedies, the patient may be purged with calomel and colocynth, and the action on the bowels maintained with sulphate of magnesia: determination to the skin may at the same time be promoted by the combination of antimonials. Cold may be applied to the head by the medium of pounded ice or spirit lotions. Blisters should on no account be used in the acute stage, but when the disease assumed a chronic character, were highly beneficial. After several repetitions of venesection, if the head continue affected, opening the temporal artery may afford relief; and there is no objection to abstraction of blood from the foot and anus, after the French fashion. The lowest diet must be enjoined, and the quantity of fluid taken must be limited. If satisfactory amendment do not take place in a few days, the establishment of gentle mercurial action is desirable. When inflammatory action accrues on cerebral injury, the progress of cure may be procrastinated by the complication of bruise or laceration of the substance of the brain, which not unfrequently occurs at the edges of the anterior lobes. The symptoms of concussion may, we know, mask mischief of a more serious nature. Also the degree of concussion may vary down to the simple momentary stunning which has occurred to everybody. What should be done during the first stage of a severe case of concussion? You are expected to do something. If you open a vein, it is probable you will obtain no blood; and if you are successful, it is injurious to your patient: he cannot swallow, and by the application of strong ammonia to the nostrils you may remove the skin. Mr G. was called to a gentleman who had dropped down dead. What is to be done? said the other practitioner in attendance. Shall we open the temporal artery? By all means, was the reply. Both were opened; ditto the jugular veins; but of course without effect, except giving the appearance of doing something. In the first instance slight stimulation may be resorted to. The temples may be rubbed with brandy or sal volatile. Burnt feathers are a very innocent application. As reaction comes on vomiting often occurs, and is beneficial in relieving the stomach of its contents. It is generally when the pulse becomes regular that active measures are to be commenced; but there are many cases which constitute exceptions, when we might vainly wait a long time the perfect re-establishment of cardiac action.

GUY'S HOSPITAL.

CLINICAL LECTURE, BY MR BRANSBY COOPER, DELIVERED NOV. 2, 1839.

DISEASES OF JOINTS—PERIOSTITIS.

GENTLEMEN,—The woman Watson, about whom I have before spoken to you, is improving under her iodine mixture. My diagnosis also, as to the nature of the stentomatous tumor, has turned out to be correct, and the tumor has been nicely *turned out* by my dresser.

On the same day, October 23, Mary Hill, age 31, was admitted into Mary's ward for a disease of the knee-joint. She is a married woman, who has had three children. About six years ago she perceived a swelling of the left knee, accompanied by redness and pain, which she attributed to a blow or some trifling injury. The swelling gradually increased, retaining the normal form of the joint. Notwithstanding the pain, she continued to use the limb, moving about with crutches till six weeks ago, so that for six years she has been suffering from pain, which has been increased at intervals. Sometimes she was so free from pain as to kneel, and the pain was not invariably aggravated by such exertion. Says she previously enjoyed good health, but has the marks of strumous ulceration of the glands about the right clavicle, and right side of the neck. The joint appears enlarged, and the soft parts around are hot and inflamed. There is great pain when anything produces much motion or jarring of the limb. There are various openings on the surface, from which a copious purulent secretion flows. She has perspirations, rigors, loss of appetite, and tendency to purging. She is in the habit of moving the joint laterally and slightly flexing it, in order, as she says, to numb the pain and to prevent the occurrence of a stiff joint. I have ordered for her tonics, calomel, and opium at night, and a mixture of the sasquicarbonate of ammonia, tincture of cardamonis and tincture of cascarilla.

Now, considering the scrofulous diathesis, or constitution of this woman, it is not surprising that the disease should have gone on so long a time; but it is surprising that such a local disease should exist for six years, the limb being constantly used, and no more violent constitutional disturbance should have been the consequence. It is difficult to comprehend which part was first inflamed, or subject to the first attack of the disease; but, from the history of the case, the gradual progress of the enlargement, the comparative freedom from pain, which was increased at night, and the long continuance of the abscesses, my opinion is that it commenced in the bone.

Now you may be asked at the College of Surgeons, or elsewhere, to state the diseases to which some part is liable. You will readily do this, if you think over the structure of which that part is composed. Take the following for example. You have skin, cellular tissue, muscle, fibrous tunic, fibro cartilage, meibomian, glands, eye-lashes, mucous membrane, cornea, &c., all which are liable to disease, and all these diseases may be modified by the constitution of the patient. So when a joint is to be considered, you think of bone, cartilage, synovial membrane, and ligament. In the case before us there is no doubt all these structures are now affected, and her constitution is broken down, partly by the irritative effects of the local disease on the general system, partly on the scrofulous diathesis. Here amputation, then, would be obviously injudicious, as she has not power to sustain the shock on the system. What then are our indications for treatment? Why, to improve the general health, and by perfect rest to subdue inflammation, or to prevent it becoming more acute.

I told you her pain was increased at night. Some consider that this circumstance shows that the disease of bone is specific, arising from syphilitic taint or mercurial remedies. This, however, is not correct, as it occurs equally in common inflammation of bone. Then as to the cause of this nocturnal increase, some explain it by the increased heat of the part when covered by bed-clothes. But the same person will bear a much greater heat while sitting by the fire than ever occurs in bed, without inconvenience. What appears to me the most rational and probable explanation is, that in sleep the voluntary muscles lose their power of keeping the bone in a state of perfect rest. At any rate this will explain the increase of pain at night, provided the cartilage is more or less affected.

The changes produced in bone by acute or continued inflammation are the same as in the soft parts, but slower. Resolution is best promoted by rest, and alterative doses of hydrarg cum creta. If this does not ensue, it goes on to softening down, ulceration caries, exfoliation, and so on.

The articular cartilages are very rarely primarily diseased, but very frequently from extension of disease from the bone on the one hand, or the synovial membrane on the other. They have a preparation in the museum of St Bartholomew's, showing an anastomosis in the cartilage between the vessels of the synovial membrane and of the bone. It may be a question, however, whether there was not previously ulceration and destruction of the cartilage, and a deposit of matter in which the inosculating vessels were formed. This suggests the question whether one tissue is capable of absorbing another, whether the cartilage is absorbed by its own vessels, or by those of the bone or synovial membrane. I believe one tissue is no more capable of absorbing than of repairing another.

The synovial membrane is more subject to primary disease than either bone or cartilage; and it may be the consequence of common exciting causes, as blows, injuries, or cold; or of specific, as rheumatism or syphilis. Under inflammation the secretion of the synovia is deranged, it becomes inspissated, and no longer lubricating the surface of the joint, pain is produced on motion. Adventitious matter is often effused from the opposed surface of the membrane, which, cohering, unites them, and thus what is termed soft anchylins is produced. Sometimes this adventitious matter is converted into cartilage, and it is remarkable that the process of conversion, or of the deposition of the cartilaginous matter, first takes place in that part which is farthest from the synovial membrane to which the matter is attached. Thus a cartilage may be formed in a joint without passing over and being attached to both surfaces of the joint. It hangs by a thin pedicle, which is often broken by some violence, and hence arise the floating cartilages we so often meet with in articular cavities.

The ligaments are much altered by inflammation in the case of Hill, but the disease can scarcely have commenced in them. When it does so, it can generally be traced to violent contortion. This is in accordance with a general law that every organ and structure of the body is disposed to injury or disease when its natural function is inordinately exercised. An inordinate degree of light injures the eye; of sound, the ear. The bones are for the support of the body, but if this be too much tested, as by falling from a height, or by a heavy blow, though the force may not be sufficient to produce fracture, still inflammation is set up. So when a cartilage is compressed by a great weight, or other cause, beyond what its elasticity can support, inflammation also commences. The function of ligaments is to keep the parts of a joint in proper apposition and direction: and when by violent twisting this power is ca

forth to an inordinate degree, though dislocation may not be produced, yet the ligament becomes inflamed.

I must pass on, now, to the next case, that of Caroline Thoroughgood, age 23, admitted into Dorcas ward October 23, on account of a chronic disease of the right leg, which we christened periostitis. This woman is unmarried, and is the subject of lenconhea. Since the age of four years she has been subject to convulsive fits, in which she has fallen and hurt herself frequently. About four or five years ago she fell over a chain which a horse was dragging and hurt her leg. The skin was not broken, but much swelling came on, and pain increased by standing, or by pressure. A white ointment was applied by order of Mr Pilcher, which caused a pustular eruption. It is supposed to have been tartar emetic ointment. An incision down to the bone was made ten months ago. There is now an inflammatory swelling, about five inches in extent, extending from the tubercle of the tibia downwards. It is not so large as it has been, but there is greater pain of a darting character, which is worse at night. There are sores on the surface, but no bone is discharged, and they appear superficial. The granulations are very irritable. I ordered her calomel and opium at night, and a mixture of decoction and extract of sarsaparilla with the oxmuriate of mercury.

Now, when you are shown a node, you cannot tell whether the periostitis has been produced by a local cause or a specific one, as a syphilitic taint, or the administration of mercury. You must judge from the history of the case. The former generally yields more readily to remedies, the best of which are leeches, cold lotions, blisters, and calomel and opium. Some surgeons recommend that the bone should be cut down to, as a general rule in the treatment of periostitis. This is very severe practice, and which I should never follow till rest and the means I have just alluded to have proved useless. I even doubt the general utility of the practice when the periosteum is thickened, and fluid is effused between it and the bone, forming an elastic fluctuating tumor. It is a question, I say, whether this is to be opened, or whether absorption is to be sought for by leeches, blisters, rest, &c. Here, even supposing absorption does not ensue, the subdued inflammation goes on to suppuration, and instead of cartilage being deposited we have pus formed, an abscess instead of a node. Now if an opening be made, and the bone exposed, we run the risk of caries in the bone which has lost its periosteum; and caries, exfoliation, and perhaps necrosis follows.

A few words on a case of fractured patella, and I will conclude. Jane Gardiner, age 46, is now in Esther ward, with a transverse fracture of the patella. She fell down stairs and struck her right knee against some wainscoating. Her leg was violently flexed on the thigh, and on trying to rise she heard a snap. This agrees with the general rule, that these fractures are produced not by blows, but by violent muscular efforts. There was great effusion of blood, and the portions of the bone were separated for two inches and a half, so that the fracture was most complete.

The lotio alba was applied, and a dose of calomel and colocynth given. The foot is much raised, but as she is a short, fat person, with large muscles, there is much difficulty in causing close coaptation. This is not of so much consequence as would appear, cases doing as well where half an inch intervenes between the fractured portions as when they are closely approximated. The union is by ligamentous substance, not by bone, and this will afterwards become stretched in proportion to the muscular power of the patient.

Next Saturday I shall have three stricture cases for consideration.

ST GEORGE'S HOSPITAL.

AMPUTATION BY MR KEATE.

The rules for amputation in cases of compound fracture to those who consult Cooper's Dictionary, or who read Cooper's and Abernethy's lectures, appear simple, but whoever has to apply them practically in a few cases is then, and not till then, aware of the great nicety and difficulty in deciding on the important point of whether or not the limb should or should not be amputated. How many instances have all men of experience met with, where a limb condemned to be amputated had, from the non-acquiesence of the patient, been saved, and how many cases of compound fractures have been lost from amputation not having been performed at the proper moment. The case now before us points out the soundness of the opinion which the patient received from Mr Keate and the other surgeons of the hospital at the time of the injury.

Two years and a half ago this patient was brought into St George's Hospital with a compound fracture of the titia which he received while at work on a railroad; the bone was so much shattered, and the soft parts so greatly injured, that he was advised to submit to immediate amputation, but to which he would not give his assent. Since the period of the accident extensive suppurations had formed, and one splinter of bone after another came away, so that the limb was left considerably shortened, and a shapeless, deformed mass, which, from the constant pain he suffered, and the improbability of its ever serving any useful purpose, he was at last glad to have amputated.

The circular operation was performed by Mr Keate in the usual manner below the knee. The only circumstance worthy of remark which occurred during the operation, was the state of the soft parts which were divided by the knife. These were evidently charged in thin structure, the effect of long continued inflammation and its consequences, and their varcularity had become so much increased that it was necessary to secure a greater number of bleeding arteries than usual, and this could only be accomplished by including some of the surrounding soft parts with a needle and ligature, leading Mr Keate to remark that there would be considerable danger of a secondary hemorrhage. How far the above difficulty might have been overcome by removing the limb higher up may be questionable—this appeared to us practicable. The amputated limb was not examined, but laid aside for a careful dissection.

UNIVERSITY COLLEGE.

DR ELLIOTSON, MR LISTON, RICHARD QUAIN, MR WAKLEY, AND SIR WILLIAM MOLESWORTH.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—In a communication which I had the honour to address to you, and which you inserted in No. 2 of your journal, concerning Richard Quain's intrigues, I promised to return again to the subject, so far as that subject was connected with Dr Elliotson and the causes which led to his resignation. I am perfectly correct when I assert that Quain was the principal cause of Dr Elliotson retiring, but Richard was aided and abetted by that excellent surgical operator, but very vulgar man, Mr Robert Liston, the *present* protegé of the 'Lancet'. Animal magnetism has created, as all are aware, considerable sensation on the continent, especially in Germany and in France. I do not wish to deny that many continental physicians and surgeons have endeavoured to mix a vast deal of the marvellous with those phenomena they could not understand; and that in all countries and in all ages appeals have been made by the ignorant on the credulity of the public by dishonest charlatans. Mesmerism has been abused by the designing, and this circumstance—this fact—has cast a shade of ridicule upon phenomena at present but little understood either by the profession or the public. There have been human beings who laughed to scorn the great discoverers in many branches of science, but truth has finally triumphed over besotted ignorance. Many French and German practitioners have become champions of animal magnetism for *gain*, and not for the praiseworthy purpose of endeavouring to seek a *cause* for the extraordinary phenomena so frequently witnessed in nervous patients: this lust for lucre has covered the "supposed science" with ridicule, perhaps undeserved. Whether this be a false or a true supposition I will not now discuss; all I wish to demonstrate to the public is, that Dr Elliotson's ardent desire to ascertain if there be grounds for an inquiry into the truth or falsehood of animal magnetism, has driven him from the University which he adorned by his talents, deprived it of that pecuniary assistance which it so much requires, and robbed the rising members of a liberal profession of instruction universally allowed to be of the first order. If the enemies of free impartial inquiry, or of the late professor, had been guided by common prudence, they might have foreseen the consequences which would result from their illiberal persecution of Dr Elliotson. Had this learned physician conducted his inquiries in *secret*, had he even evinced a desire for *lucre* in his endeavours to contribute to our knowledge, there might then have been some cause for Liston's and Quain's hostility. But his desire that all might witness his manipulations, and his scorn of *pelf*, ought to have induced his enemies to pause before they intrigued to deprive University College of its brightest ornament. But these selfish conspirators consulted neither honesty nor honour, courtesy or science, but followed their own headlong prejudices, and they have rendered themselves for ever conspicuous as unworthy members of a liberal profession. When the resignation of Dr Elliotson became known to the world—when the cause was stated, a majority of the students, with Mr Hoffmeister at their head, remonstrated with the council, and desired the members of that body to decline receiving their professor's resignation. But this remonstrance, although most respectfully written, through the influence of Liston and Quain, was rejected. So virulent was the hatred of Liston to Dr Elliotson, that he declared in University College hospital, "*if that tom fool Elliotson returned he would resign.*" A spirited pupil, who heard this *liberal* exclamation, declared, with honest indignation, that he would directly inform Dr Elliotson of the offensive expression! Liston, thinking that those that heard him were intriguing with himself, turned deadly pale, and like a craven declared he "withdrew his illiberal denunciation." Liston dare not deny this; and if he does not, the expression is sufficient to stamp him as one of the active intriguers and as the illiberal personal enemy of Professor Elliotson. On the other hand, if he have courage to venture on a denial of my statement, then I will paralyze him by producing the name of the talented and honourable gentleman who gave me the information. This conduct of Liston, when placed in juxtaposition with his intriguing with Wakley, to whom he is a constant *visitor*, to destroy Dr Elliotson, will ever brand him as a secret foe, and not a public and a generous enemy. Every reader of the 'Lancet' is aware that for years that journal lauded Dr Elliotson to the skies, as the first practitioner of the day, and as the only liberal hospital physician in London. Yet, influenced by Liston, Wakley turns round on his former friend, and resolves to destroy his reputation—not by fair play, but by the foulest means. The editor of the 'Lancet'—who, by the bye, knows little or nothing respecting the practical branches of his profession—had some little apology in believing the stories of Liston. It was agreed between them that a conclave should meet in Wakley's parlour, that Dr Elliotson should be invited with the Okeys, and that through the pages of the immaculate 'Lancet' he should receive a castigation which should for ever put a stop to his practice of Mesmerism. The conclave met and Wakley

became chief manipulator. There bustled the *reputed* editor of the 'Lancet,' and there sat his right hand shadow, G. J. Mills, as reporter, and a clever one he proved himself on that occasion, for he declared in the next 'Lancet' Wakley had completely destroyed Animal Magnetism. Unfortunately for the accuracy of G. J. Mills, statements, which of course Wakley only saw "*superficially*," there happened to be present three or four impartial gentlemen. When the report appeared these gentlemen were astounded at its "enormous lying," as O'Connell says, and each grasped his "grey goose quill;" these gentlemen remonstrated with the 'Lancet' on its gross misstatements, which were entirely at variance with the truth. Now the editor of the "immaculate" wishes to be considered impartial, and so he is where his *personal* predilections are not concerned, but where he feels a prejudice he is the very antipodes of justice. In this case, having printed column on column of falsehoods, he dared not contradict them. Acting, therefore, under the advice of Liston and Quain, he passed the letters of the gentlemen by with silence. This circumstance, like a thousand other acts of gross injustice committed by the 'Lancet,' would have been consigned to oblivion, had not Dr Elliotson published a letter to the students of University College, in which he exposed Wakley's trickery and dishonesty. Thus, sir, was Dr Elliotson driven from the hospital and college. It has been stated to me that there is another cause why Wakley has taken a mortal dislike (or hatred if you will) to Dr Elliotson; it is this; Sir William Molesworth is a clever, clear-headed, young statesman, and I think destined, at no distant day, to lead the Radicals in the Commons House; this rising star, Wakley, whose pen has been dipped in gall against "eel backed" gentlemen paid great court to, and Sir William treated Wakley with the courtesy of a gentleman. The hon. Baronet is a man who loves science, and being a personal friend of Dr Elliotson, he visited University College Hospital, to witness the effects of the doctors' manipulations on the human system. So convinced was Sir William, after the exhibition, that there was *something* in the "embryo science," that he openly professed such conviction, and the next day he conferred a donation on the hospital of 30*l.* in aid of the funds to build the wings of the said hospital. (One wing has been erected since this occurrence, but the bird still requires another.) It having been stated to Sir William that there was a conspiracy against his friend Dr Elliotson, and that Liston, one of the jackalls of the 'Lancet,' was among the intriguers, and also that Wakley was favourable to Liston's views, Sir William, on meeting the member for Finsbury in the House, scornfully turned his back on him. This conduct moved the editor's "*philosophy*," and he muttered between his teeth "revenge." Hence the conclave met—hence the injustice—hence the 'Lancet's' denunciation of animal magnetism and Dr Elliotson! Here I pause. In my next I will describe the *result* of these intrigues? Yes, sir, I will prove that Dr Elliotson's resignation has decreased the number of students in University College, and that the medical department when compared with other schools, (*this* year) has suffered greatly. The college is, I believe, falling as fast as it once rapidly rose. Your obedient servant,

CENSOR.

In the press, and shortly will be published, 'Advice to Females during and after Pregnancy; together with a short Treatise on the Diseases of Infants, &c.' By CHARLES H. RAWLINS, M.D., M.R.C.S., Lecturer on Obstetricy, &c.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

NOVEMBER 2.—This evening the chair was formally vacated by Mr Hale Thomson, the late president, in favour of Mr Streeter; who, having been duly installed in his new office, indulged in some appropriate remarks, congratulating the members on the improving prospects of the society, and the growing interest displayed by them for the advancement of medical science; each contributing as far as in his power to the accumulation of that information which is the result of a careful observation of individual cases.

Mr Roderick mentioned the particulars of a case of softening of the brain from injury sustained by the petrous portion of the temporal bone, and followed by death. The patient had long previously laboured under a very weak state of health, and subsequently took scarlet fever, which probably tended to hasten his end. The autopsy disclosed extensive softening and high vascularity both of the cerebellum and cerebrum; a collection of serous fluid in the ventricles; the pia mater and dura mater much infiltrated with the same; and, lastly, a small quantity of pus in the internal ear. Altogether, Mr Roderick had no hesitation in pronouncing it to be a decided case of abscess of the brain. In answer to a question subsequently put by Dr Addison, he stated it as the result of his experience, that all cases of abscess of the brain which are independent of diseased bone are connected with hemiplegia, but not otherwise.

Dr Addison doubted the distinction of Mr Roderick; believing, rather, that hemiplegia is more frequently the consequence of abscesses of the brain dependent on diseased bone. Not that there is any difference between either kind of abscess; the distinctive characteristics are the same; but the truth is, paralysis is seldom a necessary sequence, and ought not to be regarded as the basis of any distinctions whatsoever.

Dr Johnson observed that there was not an organ in the body where the symptoms of *ramollisement* were so equivocal as in the brain. The occurrence of paralysis he had in every case found difficult to predict; depending, as it did, on adventitious circumstances, such as the clot of blood, the gradual progress of the disease, &c.

Dr Addison then directed the attention of the members to a peculiar form of scarlet fever now very prevalent, in which the synovial tissues exhibited a strong tendency to inflammation. This inflammation attacked, more especially, the synovial tissues of the knee-joint, simulating rheumatism; and so far from appearing to be one of the *sequalæ* of the fever, as many suppose, it occurred almost always in the early period of the attack, and under symptoms of great excitement. He had tried depletion, together with the internal use of opium, with great success in these cases.

Mr Chinnock and Dr Chowne differed from Dr Addison in his opinion that the inflamed synovial tissue was an attendant of scarlet fever. They had seen many cases of the like kind, and had ample reason for considering it a regular sequala. Dr Chowne here started an interesting question as to the cause of death in scarlet fever; in cases, especially, in which the patient is perfectly tranquil, and no doubt of convalescence is entertained. Death sometimes occurred in the course of twenty-four hours, and yet the *post-mortem* examination has shown nothing remarkable except considerable tumefaction.

A member suggested that death is thus speedily and singularly occasioned, simply by the loss of nervous energy, and this was the general impression of the meeting. Mr Gregory Smith, however, supposed that it was suffocation which was in most instances the cause of death.

MEDICAL STUDENTS' FRIENDLY AND SCIENTIFIC ASSOCIATION.

NOVEMBER 1.—This evening the Chairman, Mr Dermott, proposed that the meetings should henceforth be held on the Thursday instead of the Friday evening, as on the latter the students of University College were in the habit of meeting together for discussion, and consequently precluded from attending the Association. Several members having given their opinions in favour of Mr Dermott's proposition, it was ultimately carried. The adjourned discussion then took place on the subject of Mr Humble's paper, and occupied the remainder of the evening.

LINNEAN SOCIETY.

NOVEMBER 5.—This society resumed its meetings this evening, when there was an unusually full attendance of members and visitors. Edward Forster, Vice President, occupied the chair. Among other specimens in natural history, a collection of flowering plants of the season was exhibited, from the Chelsea Botanic Gardens, presented by Mr Anderson. They included no species of any importance as articles of the materia medica, but only such as were remarkable for blooming at this season of the year. A paper by Mr C. C. Babington, of Cambridge, was read, describing the author's discovery of scales in the corolla of *cuscuta epithymum* and *cuscuta europeæ*, and suggesting them as marks of specific difference. The next paper read was from the pen of Mr Griffiths, of the East India Company's service, and one of the expedition recently deputed by the Bengal Local Government to investigate the capabilities of Upper Assam for the extended cultivation of the tea plant: it was merely an enumeration of the insects met with on his route, including certain new species of singular brilliancy and magnitude. The Society then adjourned.

APOTHECARIES' HALL.—Gentlemen who passed on Thursday, Oct. 31:—William Smith, Horncastle, Lincolnshire; John Onion, Birmingham; Richard William Foster, Todmorden; Henry Robertson, Bristol; John Kitching, Kingston-upon-Hull; William Gestwycke Goodridge, Sturminster, Newton; Richard Taylor, Wigan; Edward Rayner, Lincoln; John G. Porter; Charles Jones.

ABUSES IN ARMY MEDICAL DEPARTMENT.—SIR JAMES M'GREGOR'S PORTRAIT.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—If you will examine the 'Times' of 22d Oct. you will find the views of Lord Hill fully explained as to the cruelty of superior officers accepting *plate* and presents from those who have served under them. Can this document, issued at this time, refer to the scandalous system which has so long disgraced the medical department of the army. Why should the medical officers in the King's service be taxed for *plate* to the medical director, for his eminent services? Why should my family be taxed for a Portrait of Sir James M'Gregor?

True, it is all voluntary! Let no one deceive himself. It is not long since we were compelled by *a hint* from our chief, which could not be misunderstood, to employ his son as our *agent*. I say, why does Lord Hill not enforce his orders in our shamefully underpaid department? Who dares refuse to subscribe?

Your obedient servant,

ASSISTANT SURGEON OF 18 YEARS.

Junior United Service Club.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

ARMY.—Henry Downes, M.D., to be Assist. Surg. to the Forces, vice Chapman, deceased.

NAVAL.—Assist.-Surg. Dr Thomas J. Layton to the *Sapphire*.—Assist.-Surg. Andrew Lillie additional to the *Britannia*.

Dr Ashburner has been appointed Physician-Accoucheur to the Middlesex Hospital.

VACANCY.—At the Norwich Hospital a resident Apothecary is wanted. Salary, 80*l.* with privilege of taking a pupil. Apply to the Secretary.

IRELAND.—CIVIL.—James Kerin, Esq., has been appointed to the Constabulary. Dr Cornwall has been appointed Medical Attendant to the Killucan Dispensary.—*Dub. Med. Press.*

VACANCY.—Dr Isdell has resigned the Broadford Dispensary.—*Ibid.*

MONTHLY MILITARY OBITUARY.—MEDICAL DEPARTMENT.—SURGEONS: Dr Brown, 52d Foot; Heise, half-pay 2nd Lt. Inf. Ger. Legion. ASSIST.-SURGEONS: Molyneux, 61st Foot, Cork; G. Chapman, Staff, St Vincent; Twining, Staff, Sierra Leone; B. G. Webb, half-pay Staff.

JOHN BARNES, M.D. !—This gentleman is a lecturer at Sydenham College. Two or three months since he was plain "John Barnes;" now he appends to his name "M.D." A correspondent wishes to be informed "*where* John Barnes graduated, *what* diploma he holds, and *when* he *procured* it, as he is ambitious of the same distinction, if *easily* obtained." Really we cannot answer our correspondent's interrogatories. *Perhaps* Dr Barnes *will*.

DIED: At Southall Park, on the 24th ult., after a long and severe illness, Sir William Charles Ellis, M.D.—At Adare, Henry Johnston, M.D., æt. 26.

ADVERTISEMENTS.

In 8vo., price 10s. 6d., coloured plates.

ON the ANATOMY and DISEASES of the URINARY and SEXUAL ORGANS; being the Substance of Lectures delivered in the Theatre of the Royal College of Surgeons. By G. J. GUTHRIE, F.R.S., Surgeon to the Westminster Hospital.

By the same Author, 8vo., 3s.,

MISCELLANEOUS LECTURES ON COMPOUND FRACTURES, GUN-SHOT WOUNDS, the DISEASES of the PENINSULA, &c.

London: John Churchill, Princes street, Soho

TO the MEDICAL PROFESSION.—JOSEPH BUTLER, Medical Bookseller and Publisher, No. 4 St Thomas street, Southwark, London, embraces the present opportunity of returning his best thanks for the liberal share of patronage and support which he has already received from the Medical Profession, and begs to assure them, that in soliciting a continuance of their favours he has spared no expense in procuring a large collection of SECOND-HAND CLASS BOOKS, of the best Authors, at very low prices; also, a well-selected STOCK of NEW BOOKS. In conclusion, he begs to assure the Profession that every exertion shall be used to secure a continuance of their patronage by punctual attention to the wishes of those who may in future honour him with their support.

NEW MEDICAL WORKS.

1.

In royal 18mo. cloth lettered, price 2s. 6d.

SPARKS from the WHEEL of a MAN WOT GRINDS; a Light on the Pharmacopœia.

2.

In royal 18mo. cloth lettered, price 6s.

PROFESSORS TRAVERS and GREEN'S OPHTHALMIC SURGERY.
Edited by ALEXANDER COOPER LEE.

3.

In royal 18mo. cloth lettered and interleaved, price 4s. 6d.

PROFESSORS DENMAN and MACKINTOSH'S ELEMENTS of PRACTICAL OBSTETRICY.
Edited by Dr ROGERS.

4.

In demy 32mo. price 1s. containing 100 closely-printed pages,

A COMPANION to the FAMILY and SEA MEDICINE-CHEST.
By HENRY H. GREGORY, M.D. F.R.S.

5.

In 1 very large 8vo. vol. bound in cloth, price 25s. the Third Edition, illustrated with numerous coloured Plates,

A PRACTICAL TREATISE on the OPERATIVE SURGERY of the EYE.
By G. J. GUTHRIE, Esq. F.R.S.

6.

In Three Sheets, 8vo. sewed, price 2s.

AN ESSAY on the FUNCTIONS of LIFE; comprising Demonstration of a Supreme, Inceptive Function in the Organism of Man; New Views on the Physiology of the True Capillary System, &c. &c. By WILLIAM BATTEN, Esq., Surgeon, Licentiate in Medicine, &c.

London: Joseph Butler, Medical Bookseller and Publisher, No. 4 St Thomas's street, Southwark.

In Royal 8vo. cloth, price 6s.

THE STUDENT'S ROYAL ROAD to ANATOMICAL KNOWLEDGE, in 24 Tables, containing the Bones, Joints, and Ligaments,—the Muscles,—the Brain, Nerves, Organs of Sense, Arteries, Veins, and Lymphatics,—the Viscera, and Organs of Urine and Generation. By a PROFESSOR OF ANATOMY.

The Tables are admirably arranged: they represent, at one glance, the whole Anatomy of the Parts. They will be found invaluable to the Student.

Thomas Burgess, 28 Coventry street, Haymarket.

ON a New and Successful Mode of Treatment Employed in the Cure of various forms of Ulcer and Granulating Wounds, by FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

MR. J. SCOFFERN continues to hold his PRIVATE MEDICAL CLASSES for the various Public Boards, at No. 18 Barbican, near Aldersgate street.

Terms.	£	s.	d.
Instructions for the Hall until qualified . .	5	5	0
Instructions for the College	5	5	0
A more extended course, preparatory to an Examination for the degrees of H.M. and M.D.	10	10	0

MR J. SCOFFERN will return the Fee to all those Gentlemen who may present themselves at the Hall *with his leave*, and are unsuccessful.

BROWN BREAD.—IMPORTANT TO INVALIDS. INGLIS'S Brown Bread is not only easily dervaded by the juice of the Stomach, but performs an important Mechanical duty on the Alimentary Organs.

"Inglis in New street, Covent Garden, makes very good Brown Bread."—See Graham on Diet and Regimen, last Edition, price 9s.

Upwards of One Hundred of the most respectable Medical References to be seen at the Shop.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

COURSES of PRIVATE CATECHETICAL INSTRUCTION, with the aid of *recent Dissections and Surgical Operations upon the Dead Body*, will be continued, as usual, during the ensuing winter, by Mr DERMOTT, whereby gentlemen are qualified to pass their examinations.

Pupils entering the above Private Instruction are allowed to attend Mr D.'s Public Lectures on Anatomy, Physiology, and Surgery, also the Demonstrations and the Dissections (recognized by all the Medical Boards), and to receive certificates of such attendance, gratuitously, without extra fee.

HOUSE PUPILS received, who have extra Instruction and advantages.

Apply to Mr DERMOTT, 15 Charlotte street, Bloomsbury.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 13 Castle street, Long Acre (a few doors from Coombe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock; and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen: ditto ditto, with Fronts, 1*l.* 16s. per dozen; Wove or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Dimity, with real China Net Silk Purses, 2*l.* 8s. per dozen; ditto ditto, with Elastic Springs, 3*l.* 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Label as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes - - -	1s. 0d. - -	3s. 0d.
Large - - - - - -	1s. 6d. - -	5s. 0d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels - - -	0	17	0
Middle Size, ,, 1,179 ,, - - - -	1	5	0
Large Size, ,, 533 ,, - - - -	1	14	0
The Three Sizes in One Book, containing 3,008 Labels - - - - - - - -	3	10	0

CATALOGUES GRATIS.
Engraving and Printing of every Description.

CHEAP BOOKS.—9 GOWER STREET NORTH, UNIVERSITY COLLEGE.—Dr Mackintosh's Practice of Physic, 2 vols., last Edition, 21s., published at 31s. 6d. Dr Craigie's Practice of Physic, 8vo. 13s., published at 18s. Dr Marshall Hall's Practice of Physic, 8vo. cloth, lettered, 10s. 6d., published at 16s. Dr Elliotson's Practice of Physic, 8vo. pp. 744, 10s. 6d., published at 16s. 6d. Cooper's 1st Lines of Surgery, Fifth Edition, plates 10s., published at 18s. Lindley's Introduction to Botany, Second Edition, Plates, 12s., published at 18s. Underwood on Diseases of Children, by Dr Merriman, half russia, 8s., published at 14s. Blumenbach's Natural History, by Gore, Plates, scarce, 7s. 6d., published at 14s. Gregory's Conspectus, 8vo. Ninth Edition, 6s. 6d., published at 12s. Balfour on Emetic of Tartar, 8vo. 4s., scarce. Dr Venable's Celsus, interlinearly translated with ordo and text, 12mo. 6s., published at 12s. Celsus, translated by Dr Greive, Third Edition, 4s., published at 7s. Hargrave's Operative Surgery, 5s. 6d., published at 9s. Brodie on the Joints, Third Edition, 6s. 6d., published at 10s. 6d. Turner's Chemistry, Second Edition, 5s. 6d. last Edition, three Plates, 11s. published at 15s. 6d. Bayle's Anatomy, by Bennet, calf, scarce, 4s. 6d.; Original Edition in French, 3s. 6d. calf. Edwards's Surgical Anatomy, by Coulson, 4s. scarce. Alcock's Surgery, Plates, 8vo. 5s. 6d. published at 21s. Guthrie's Operative Surgery of the Eye, Coloured Plates, Second Edition, 12s. published at 25s. Guthrie on Gun-shot Wounds, 10s. published at 18s. last Edition. Reid's Practical Chemistry, Second Edition, 7s. published at 15s. Louis on Phthisis, half calf, by Dr Cowan, 7s. published at 12s. Clark on Consumption and Scrofula, cloth lettered, 8s. 6d. published at 12s. new. Rayer on Diseases of the Skin, by Dickenson, 8s. 6d. published at 12s. Underwood's Celsus, with text, 3 vols. 8s. 6d. published at 31s. 6d. Baillie's Morbid Anatomy, 8vo. calf, 3s. 6d. Sydenham's Works, translated by Peechy, Eighth Edition, 5s. 6d. Lawrence's Lectures on Man, Seventh Edition, twelve Plates, 4s. 6d. Barclay on Muscular Motions of the Human Body, 8vo. calf, scarce, 6s. Pole's Anatomical Instructor, containing Instructions for preserving and preparing different parts of the Human Body, as well as Quadrupeds, 8vo. ten Plates, scarce, 5s. 6d. Elliotson's Human Physiology, last Edition, 15s. published at 24s. 6d. Plates. Anatomical Examinations, by Dr Hooper, 2 vols. 5s. 6d. Cruikshank's Anatomy of the Absorbent System, 4to. Coloured Plates, calf, very scarce, 10s. 6d. usually marked 21s. Ashwell's Midwifery, 8vo. thirteen fine Plates, scarce, 9s. published at 18s. cloth lettered. Steggall's Gregory's Conspectus, Fourth Edition, 7s. published at 10s. Ryan's Prostitution of London, ten Plates, 7s. 6d. published at 10s. 6d.

E. Moore, 9 Gower street North.

RETREAT NEAR LEEDS,

FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict attention is paid to the Medical, as well as Moral Treatment, of the Individuals who are committed to his care.

The Retreat is delightfully situated on rising ground, at the opening of Aire-Dale, little more than a mile from the town of Leeds; the situation is healthy, cheerful, and also sufficiently retired; the gardens and plantations are extensive; the premises combine proper accommodations for the exercise and amusement of the Patients; and the apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a plan of treatment as may be necessary to restore the functions of the brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of Weak Mind, or who may be subject to Fits of Temporary Insanity, for whom confinement is necessary.* In recent cases, a perfect and speedy recovery may generally be expected.

Applications, either personal or by letter, postage free, addressed 26 East parade, Leeds, will meet with immediate attention, and have the most satisfactory references, if required, to Patients already discharged, or their friends; also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This day is published, in royal 8vo., dedicated, by permission, to Sir Benjamin Collins Brodie, Baronet, V.P.R.S., and Charles Aston Key, Esq., Senior Surgeon to Guy's Hospital,

PRACTICAL OBSERVATIONS on the CAUSES and TREATMENT of CURVATURES of the SPINE; with Hygienic Directions for the Physical Culture of Youth as a Means of Preventing the Disease; an Etching and Description of an Apparatus for the Correction of the Deformity; and Engravings illustrative of the Cases. By SAMUEL HARE, Surgeon.

London: Simpkin, Marshal, & Co., and of all Booksellers.

* Mr H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the provisions of the 2nd and 3rd of Wm. IV, chap. 109, sect. 47.

*** Messrs Hare and Copperthwaite, Surgeons, &c., are in want of a well-educated Youth as a Pupil.

GENTLEMEN'S CLOTHES, at REDUCED PRICES.
W. WELSFORD, 146 Leadenhall street.

A Fashionable Coat, Fancy Waistcoat, and Trousers - - - - - - - -	£4	0	0	to 5	0 0
Handsome Coats, lined with Silk, fashionably made - - - - - - - -	3	3	0		
Fine Cloth Waterproof Great Coats - -	3	3	0	— 4	0 0
Double-breasted Swansdown or Valencia Waistcoats - - - - - - - -	0	10	0		
Fine Double-breasted Swansdown or Valencia Waistcoats - - - - - - - -	0	12	0	— 0	16 0
Stout Buckskin Trousers - - - - - -	0	16	6		
Superfine Cassimere Trousers - - - -	0	18	0	— 1	6 0
Fine Cassimere Trousers - - - - - -	1	4	0	— 1	8 0
Warm Great Coats for Travelling - - -	2	2	0	— 3	0 0
Cloaks of all Descriptions - - - - -	1	5	0	— 3	0 0
Camlet Boat Cloaks, Cape and Sleeves lined -	2	0	0	— 2	10 0
Satin Waistcoats, newest patterns - - -	1	0	0	— 1	10 0
Rich Silk Velvet Waistcoats - - - - -	1	4	0	— 1	10 0
Young Gentlemen's Jackets, Waistcoats, and Trousers, lined - - - - - - -	2	5	0	— 2	15 0
Pilot Coat, Velvet Collar, bound and lined -	1	4	0	— 2	16 0
A Suit of Livery - - - - - - - -	3	18	0	— 4	10 0

Three Suits per Year 12*l.*—Old ones returned.

Patent India Rubber Waterproof Clothes. The above Articles are warranted. Merchants and Captains supplied on Wholesale Terms. A large Assortment of Ready-made Clothes.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0	for Ladies.
Ditto, double joints - - - -	2	5	0	for Gentlemen.
Ditto, standard silver - - - -	0	15	0	for Ladies.
Ditto, double joints - - - -	0	16	6	for Gentlemen.
Ditto, finest blue steel frame - - -	0	15	0	for Ladies.
Ditto, ditto, double joints - - -	0	16	6	for Gentlemen.
Ditto, tortoiseshell frame - - -	0	10	0	for Ladies.
Ditto, best black buffalo horn - -	0	7	6	for Ladies.
Ditto, strong steel frame - - -	0	7	6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebble, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2*l.* 16s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel - - - -	£2	5	0
Ditto, Rosewood, inlaid with Pearl - -	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to - - - - - - - -	6	0	0
Most Improved Mountain Barometer - - -	5	10	0
Ditto, Marine, from 3*l.* 10s. to - - - -	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 8. Vol. 1. LONDON, SATURDAY, NOVEMBER 16, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[BROOKS, PRINTER, 421 OXFORD STREET.

MEDICAL PORTRAITS.

SIR MATTHEW TIERNEY,

LATE ONE OF THE COURT MEDICAL STAFF.

It is perfectly legitimate to inquire how greatness has been achieved, and to trace it from its source to its plenary accomplishment. We are always interested in ascertaining whether Fortune's summit has been attained by a toilsome path, rugged with difficulties; whether the hero is one of those fortunate individuals who have greatness thrust upon them; or whether eminence has been acquired by intrigue and effrontery. If this be done in the spirit of rectitude, none have right to object to the inquiry. Lowly origin is in itself no disgrace; on the contrary, the more meritorious is the attainment of elevation, if fairly and honourably won. On the other hand, exposure is the meed of those who acquire greatness by unworthy means. Conscience will naturally make all such shrink from, and protest against, the detail. It may be said that it is galling even to those whose high rank has been righteously acquired, that their origin should be glanced at. This morbid sensibility is suspicious; and, at any rate, is best treated with gentle stimulus of caustic application.

It is now about forty years since Matthew Tierney first arrived in London, poor and friendless, from the Sister Island, where, in Cork and Limerick, some relatives occupy very subordinate situations. There are several stories afloat as to the reason of his leaving Ireland; among others, this most fortunate departure has been ascribed to a refusal on the part of a tradesman to accommodate him with goods to carry on trade upon credit. However, he did depart, and was recommended to the care of a gentleman in extensive practice in the city, whose good offices were bespoken in his behalf, that he might get any kind of employment. He had obtained some education, but had never received the slightest professional instruction. With Mr C—— he remained about a twelvemonth. At that period a regulation had just been put in force, compelling vessels engaged in the slave trade to carry surgeons. A very slight degree of qualification was required for this employment. This Matthew Tierney acquired by the perusal of two or three books; and, being taught the use of the lancet and the doses of salts and jalap, he passed the requisite examination, and was appointed to a vessel by the interest of his patron, who gladly embraced the opportunity of ridding himself of his charge. The slaver, with its cargo of human misery, was taken by the enemy, and was steering for port, when the captain and Tierney, who were left at liberty, found means to liberate some of the slaves, and re-took the vessel. For this service our hero received 400*l.* salvage money from the owners. He then proceeded to Scotland, where he obtained his degree by a short residence, and then commenced his career as surgeon in the militia.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL BY WILLIAM LAWRENCE, F.R.S.

TREATMENT OF INFLAMMATION.—BLEEDING.

Gentlemen,—When I spoke to you, in my last lecture, of disorder of the digestive organs, and of that state of the system which Dr Barlow would have called plethora from defective secretion, I should have stated to you that, although the most common cause of this condition is excessive nutrition, or errors of diet, yet that it may occur independently of these, without any excess, and, in fact, without any imprudence in the mode of living. It may take place in consequence of certain circumstances which act immediately on the nervous system, and which affect the digestive organs secondarily.

Among the causes which are referable to this head we may mention neglect of exercise, indolent habits, sedentary pursuits, residence in the impure air of confined and crowded dwellings, excessive mental exertion, and long-continued anxiety or affliction: all these are causes which act *primarily* on the nervous system, and which disorder the digestive organs through that medium. We see many instances in females, and often in males also, where the condition of the constitution that I have described takes place, and in which we cannot trace it to anything like excess, or imprudence; and in such instances we are, in general, able to refer them very clearly to causes of the nature just mentioned.

We must observe, that inflammation, when it is violent, dangerously disturbs, or even entirely suspends, the function of the organ in which it takes place; consequently it is absolutely necessary that it should be quickly arrested when it affects any part of which the continued action is necessary to life—such as the brain, the heart, or the lungs; the larynx, stomach, or intestines; and the contents of the cavity of the abdomen generally. When inflammation affects any of these viscera, it is quite possible that, if the action of the part could be dispensed with for a time, the inflammation might go through its course, and leave the organ in a state capable of exercising its functions afterwards: but the danger here arises from the want of the due performance of the function during the time that the inflammation is at its height. The regular exercise of the organ cannot be dispensed with, for carrying on the purposes of life; therefore you must stop the inflammation.

Again, the various effects of inflammation—particularly mortification, suppuration, and intersticial depositions—are capable of producing such changes in the state of the organ as to render it in a greater or less degree incapable, after the inflammation had ceased, of carrying on its regular functions: even the least important of those terminations—intersticial depositions—are capable of producing changes in an organ which will seriously and permanently impair its action. Such deposition will thicken and harden a part; it will consolidate structures that are naturally loose; it will unite those that ought to be free and distinct; it will render opaque parts that are naturally transparent. Those various changes may arise in consequence of inflammation—not of the very highest degree: when, for instance, it occurs in a joint, induration and thickening may take place and produce a stiffness of the parts, thus rendering the limb incapable of executing many of the motions which properly belong to it. Or suppose inflammation occurring in the eye or in the ear, parts of the utmost importance, a comparatively low inflammation will here produce such changes as will afterwards seriously impair the functions of the parts. Suppose you have inflammation in the cornea, in the iris, or in the retina—the disease may go through its stages without producing any very serious symptoms, or any very considerable sympathetic effects on other parts of the economy; but you find, in the first instance, that intersticial deposition will take place in the cornea, which will obscure the aperture of the pupil, and render vision imperfect; in the second instance you will find, if lymph be effused upon the iris, it will cause it to adhere to the capsule of the chrystalline lens, and thus impede or actually destroy the sight; you will find that the dark structure of the retina may be thickened and rendered opaque, and thus disabled for the execution of its proper functions; and therefore, in consequence of these several changes, according to the degree in which they take place, the vision will be more or less considerably impaired. Thus, although the part affected by inflammation may not be essential to life, it is nevertheless necessary to adopt active measures, in order to arrest the diseased action, for the purpose of preventing those changes that would *subsequently* interfere with the functions of the part; and if you are to accomplish your object, you will find it necessary to use means quite as active in the one case as in the other—that is, treatment quite as diligent to stop inflammation in the joints of the hand or foot, as if it were seated in the heart, the lungs, the stomach, or the intestines.

Farther—although inflammation should not be seated in a part which is immediately important to life—although there should be no immediate danger of consequences that would be seriously injurious to the function of the organ, yet it is a matter of great importance to arrest the inflammatory process for this reason—the longer the vessels of a part remain overloaded, with the more difficulty do they recover their natural state, and the more easily will they become again distended. The continuance, therefore, of inflammation, increases the difficulty of recovery, and the liability to relapse. Hence it happens that organs that have once been inflamed, much more easily become so a second time; and the danger of a subsequent occurrence of inflammation is in proportion to the degree of the disease that occurred in the first instance, and to the length of time it has been allowed to go on.

There are various active measures of a preliminary and auxiliary kind which are of great use, and which, although they do not immediately tend to subdue inflammation, nevertheless place the patient under a state that is favourable for the action of more direct means. In the first place, you must remove the cause of the inflammation, provided it be of a nature to allow of this: if there be a foreign body in contact with the surface of the eye—if the patient have been exposed to the application of cold—if he have suffered from insufficient clothing—these are circumstances which you can remedy or entirely remove. In respect to the position of the part which is the seat of inflammation, you must place it under such circumstances as will be most favourable to the return of blood from it. We often find in such cases, that the condition of the organ will be very materially affected by the position: if it be in a situation unfavourable to the return of the blood, the vessels will be distended, the part will become red, and considerable pain will be experienced. In a case where any part of the head is inflamed, therefore, you would have to elevate it—you must not allow the patient to lie with

his head low. In a case of inflammation affecting any part of the lower extremities, you would have the patient placed in a horizontal position, and you would keep the part that is inflamed in a state of rest. The natural execution of the function which belongs to the organ would be a source of considerable excitement to it when suffering under inflammation; therefore, absolute repose of the affected organ is a circumstance generally necessary. For example—you would not allow a patient to use an inflamed joint; or if the eye were inflamed, you would not suffer the patient to exert it. Supposing the head to be the seat of the disease, you would not permit the active employment of the mental powers by attention to any complicated matters, or by intense study. A general repose of the whole frame is equally important where an organ of consequence is the seat of inflammatory disease; and, in fact, the recumbent posture of the entire body is very favourable to the process of recovery from such inflammation. We find the pulse becomes considerably reduced when the body is placed quietly in a horizontal position. You would endeavour to remove all those local circumstances that are capable of exciting the inflamed part: all external pressure of clothes, or anything else, should be avoided. Hence the medical attendant ought only to examine the diseased organ so far as it may be necessary to ascertain its exact state—pressure, and the various efforts that are made in such an examination, are causes of excitement that should be avoided as much as possible—we ought to feel for the circumstances of the sufferer. The patient who is labouring under any kind of inflammation should occupy a large airy apartment, the room should be well ventilated, and his dress or his bed-clothes should be light, and no more than sufficient to keep him in a comfortable temperature. These are circumstances of general operation.

When we come to consider the positive means by which inflammation is to be reduced, our first view is directed to the taking away of blood. This is the most important measure by which inflammation can be attacked; blood is, in fact, the material by which the increased action of the part is kept up. If we may be allowed to use figurative language, the obvious increase of heat in the part is analogous to that of fire, and blood is the fuel by which the flame is kept up; in fact, if we could completely take away its blood from the part, we should be able entirely to controul or arrest the increased action. Loss of blood, then, is the most powerful means for arresting the increased local action, and for quieting the general disturbance which is the consequence of this. All other means are of minor importance—this is the great remedy on which we have to depend in diminishing and removing inflammation.

Bleeding is either *general* or *local*. In *general* bleeding, the blood is drawn from a large vessel by a single orifice: it may be taken either from a vein or from an artery.

When blood is taken from a vein in a case of decided inflammation, we very commonly find that it presents a peculiar character—that it is different in appearance from that of an individual in health: we find that the blood coagulates slowly, and consequently that the red particles sink in the clot or crassamentum, so as to leave the upper part of this free from the colouring matter. The upper part of the crassamentum of the blood thus presents fibrin or coagulated lymph in a pure state, free from red particles—we find that it has a yellowish appearance, that it presents what is called a *buffy coat*, and very commonly that it coagulates more considerably than under a natural state, so that the superior surface of the clot has a concave figure—that is, in common language, it is *cupped*. The blood, then, drawn from a patient labouring under inflammation, is commonly said to be buffed and cupped; the surface of the crassamentum being of a light yellowish colour, in consequence of the precipitation of the red particles, and being drawn together, so that it assumes the appearance of a cup.

In local bleeding, the blood comes from the capillaries; it is drawn from a great number of openings in the minute vessels of the part. Blood, in this way is taken from a part by cupping; by the application of leeches; by scarification, or by punctures. Now cupping seems to form a kind of intermediate mode of taking blood. When blood is drawn by cupping by a person who performs the operation skilfully, it differs but little from general bleeding. A skilful cupper will take twenty ounces of blood from the back of the neck as quickly as you can draw it from the arm; therefore we cannot suppose that there is any material difference between the two cases in their effects upon the system. In certain instances of cupping we cannot say that the blood is taken simply from the capillary vessels. I have seen cupping performed where arterial trunks have been divided, which have thrown out their contents in jets, three or four crossing each other in the cupping glass. When it is performed well and rapidly, I do not see the difference between the abstraction by venesection and cupping—though in the one case it is called local, and in the other general bleeding.

In this country, in general bleeding, phlebotomy or venesection is most frequently practised on the arm. The blood is taken from one of the veins at the bend of the elbow, that being found to be the most convenient situation; but on the continent, venesection is practised on the veins of the lower extremities, particularly those of the foot and leg: and the physicians and surgeons of France seem to consider that peculiar advantages arise from taking the blood in this manner under certain circumstances. They think, for example, that it is more efficacious in affections of the head. They imagine that *derivation* from the head takes place. This is a kind of scientific word, which I believe has not a very definite meaning; and, in point of fact, we have no direct evidence to shew that, in cases of inflammation, it is of material consequence whether we take blood from the veins of one part of the body or of another. Hence we come in this country to practise gentle bleeding from the arm, on account of a conviction that if blood be abstracted, it is of no consequence from what vein it is taken.

Since, then, there are these two modes of taking blood, viz. general and local, a question will naturally arise—what are the cases in which the one or the other is preferable? What quantity of blood should be taken? How often it should be repeated? And what is the comparative efficacy in respect to reducing inflammation between the abstraction of blood, and the other means by which the same purpose may be accomplished?

When you hear of local bleeding, you perhaps are inclined to suppose that it would be a proper mode of attempting to reduce every inflammation. You would imagine that the best way of reducing increased action in any organ would be to take blood from the part itself; to take away from the organ that is the seat of excitement the material which keeps up that excitement. You would therefore suppose that local bleeding would be the most direct and powerful means of reducing any local excitement. This, however, would be an erroneous conclusion. You can take blood out of a part by local bleeding, but you cannot stop the supply which goes to it. You can take away a portion of the blood that is in it, but the blood still continues to come. The question, therefore, is, how you can cut off the supply of blood from the inflamed part? This is necessary, to arrest the disturbance in the organ, and it can only be accomplished through the medium of general bleeding. If you carry general bleeding to a sufficient extent, you can entirely stop the increased action in any part, and you cannot do that by local bleeding.

Take the case of a patient labouring under inflammation of the chest. A person has a violent pain in the side; he is unable to distend the thorax fully; in short, the inflamed organs are in such a painful state that he cannot use the voluntary exertion that is necessary to fill the lungs with air. You find, along with this, heat of skin, and a state of general distress. You upon a vein in the arm, and take away a considerable quantity of blood; and when you have done this, you find that the reduction of the circulating fluid will enable the patient to distent the thorax with facility; he can take in a full and deep inspiration; and the general distress that previously existed is completely removed. This will more particularly be seen if you carry the abstraction of blood so far as to produce fainting. You find that a change in the state of the respiration is produced immediately; you see the effects even while you are drawing the blood. Thus you have a clear proof that this mode of relief is capable of putting an end to the local increased action which inflammation of the pleura or lungs produces. Suppose, now, you bleed a patient labouring under considerable inflammation of the eye. You see a preternatural redness of the organ; you find that there is a great deal of pain in it; that the patient is unable to open it against the light; that it is suffused with tears; and that any occasion to use it produces an overflow of these on the surface of the cheek. You take a good quantity of blood from the arm of the patient, so as to produce a state of fainting; immediately, and before your eyes—for you can see all the phenomena here—you observe that the part, which was of a bright colour, becomes quite pale;—the capillary vessels of the organ are emptied: in fact, you find the patient can open the eye with facility to the light, and for a time the part has passed nearly into a natural state from one of violent inflammation. You see in both these instances that the abstraction of blood generally is not only capable of checking the inflammatory process, but, for the moment, of entirely removing it. It is true that in the one case, and in the other, the inflammation will in some degree recur after the loss of this blood, but it never comes back with the same degree of violence. The effect you produce in inflammation by the free abstraction of blood from the system, is to diminish the increased action, which never resumes its former intensity.

General bleeding, then, is necessary in inflammation of any organ important to life, such as the brain, lungs, liver, and other parts that I have formerly enumerated. It is also necessary in the case of inflammation of any organ where you suspect the probable occurrence of those changes of structure that would subsequently impair the functions of the part. Thus free abstraction of blood is necessary in inflammation of the eye, or of the ear; in inflammation affecting the hand or any important joint of the body. General bleeding, again, is necessary in serious injury of any important part, or where the injury is of considerable extent, even though it does not affect a part of importance in itself, because we know by experience that injuries of this sort will produce inflammation. We know that inflammation arising under such circumstances will be attended with considerable constitutional disturbance; and therefore the common sense of mankind, independent of the medical class, has led them to know that persons who receive injuries, such as those alluded to, ought to be bled, as forming an impediment to the actual occurrence of inflammation.

¶ It would be a desirable thing for us to lay down a rule, if we had any means of doing so, by which we could determine in all cases where general abstraction of blood should be had recourse to, and where we might be contented with local bleeding; but I rather fancy we should hardly be able to find any such general criterion. If that constitutional disturbance exists which constitutes inflammatory fever, we may safely bleed *generally*; but then we cannot say that, if it is absent, we should therefore be content with bleeding *locally*. There are many instances of local inflammation which require active means to arrest them, but in which a febrile disturbance of the system is not present. You may have an inflammation of the eye, which will require bleeding of the most active description, but in which there is no fever. We may say, therefore, that the existence of febrile disturbance justifies general bleeding, but its absence does not render it apparent that we should be contented simply with local bleeding.

Then supposing that we deem it necessary to have recourse to general bleeding, what is the mode in which we should employ this evacuation? Are we to take a large quantity of blood, and to endeavour, by one copious bleeding, at once to put a stop to the inflammatory action; or are we to take a smaller quantity of blood, and to repeat it? It is matter of question between a considerable and free venesection, and a repeated smaller loss of

blood; and I may mention that it is more common in this country to take a large quantity of blood at once; but I believe it is more the practice in France, Italy, and Germany, to take a smaller quantity of blood at a time, and to have recourse to more frequent evacuations. I have no hesitation in saying that the preferable plan, because the most efficacious, is that of taking such a quantity of blood as shall produce a decided effect on the circulation at the moment; that is, you are to apply a large bleeding as early as you can in the affection, and this is not to be measured, as to its amount, by the mere number of ounces. You cannot say that ten, twelve, or sixteen ounces is sufficient; but the quantity must depend on the effect produced. You are to bleed until you can reduce the state of excitement which exists in the system, and you must carry the depletion to whatever extent is required to produce this effect. It may be necessary to take twenty, thirty, or forty ounces of blood; and if, without the patient fainting, you cannot make a decided impression upon the circulation, you must go to that extent. It has often been said that you will weaken a patient very much by taking this quantity of blood; certainly, for your object *is* to weaken the patient. You consider that in this respect he is too strong; that he has got too much blood, or you would not take it from him at all. Your object is to weaken the patient, but undoubtedly you would wish to put an end to the inflammation by producing as little subsequent debility as you can; and I think the object will be best accomplished by taking such a quantity of blood as will decidedly influence the state of the circulation. It appears to me, when you take a small quantity of blood, and proceed taking it three times a day, or as frequently as you can, that you bring the patient ultimately to a much weaker state than if you took a large quantity at once. In short, if you take a large quantity at once, you do not want to bleed again; whereas in the other case you take blood day after day, and continue it for some length of time; and I have no doubt of being accurate when I state, that the plan of small bleedings accomplishes the object ultimately at a much greater expense to the constitution than if you take a large quantity at once.

In those cases in which there is sympathetic inflammatory fever—that is, in which the digestive organs are disturbed, and in which the secretions are suspended—it is found, that when the secretions return, and when the digestive functions are restored, the fever is diminished, or stopped; and thus it is said that the restoration of the natural secretions removes the fever. Yet, perhaps, it might be more correct to say that these secretions return because the fever is removed. However, pursuing the analogy, many persons say, do not bleed persons that are so situated; attempt to produce depletion by aperient medicines—make the bowels act—give remedies that will reproduce the discharge from the skin, and thus you will get rid of the fever. Now the truth is, if you carefully read the history of cases treated in this way, you will find that one, two, three, or four days are employed in evacuations of this kind. Purgative medicines are given which do not act; diaphoretics are tried which produce no discharge from the skin; while the local inflammation goes on increasing, and the general disturbance gets worse and worse; till at last, by evacuations and the return of secretions, relief is obtained. Now it appears to me, that the treatment of inflammation by direct depletion, shews to great advantage when contrasted with the mode of treatment to which I have just referred. If you take a large quantity of blood from the system, you produce immediate and decided relief; and, in fact, you find that those objects which you are endeavouring to attain by medicines, and do not accomplish for a long time, are at once effected by the loss of blood. Very frequently, evacuation of the bowels comes on after a free abstraction of blood, particularly if you induce syncope; you also often find that the patient breaks out soon after into a profuse perspiration; the secretions that had been suspended having now been restored, in consequence of your taking away the load that oppressed the system. When this is relieved its natural actions go on properly; and thus direct depletion accomplishes immediately and at once that which, if sought for by indirect means, you do not attain for a considerable time; thus, too, we materially abridge the sufferings of the patient.

A notion has been entertained that persons who live in London, or in large towns, generally will not bear depletion—direct depletion—and that, therefore, the loss of blood which is proper in those who live in the country, is improper in the inhabitants of the metropolis or extensive cities. How this notion has arisen, or how it has become so general, I do not know; for I cannot conceive anything more erroneous. In the inhabitants of London and large towns, we know that all kinds of luxurious indulgence, which tend to produce a state of repletion in the system, are carried to a great extent. We know that sedentary habits are very prevalent, and, therefore, all the circumstances exist which are calculated to produce plethora—plethora of a serious nature—that state of the system in which high inflammatory action will occur, and, of course, in which it will require the most active and direct means for its control. I can only say that I am constantly meeting with patients residing in London who are in a state of local inflammation, and general disturbance connected with it, that require the freest use of direct depletion, as I have now described it. I conceive, therefore, that the notion that a different plan of treatment is necessary in cases of the same disease occurring in the country and in London, or any other large town, is totally unfounded.

Another fear that has been entertained respecting the treatment now adverted to is, that although it may be of efficacy in restraining the inflammatory action, yet the advantage is gained at the expense of subsequent debility, that the patient will be weakened, and serious injury be done to the constitution, in consequence of the loss of blood. This is a fear in which I do not participate in the smallest degree. I do think there is a fear of debility from inflammation; but my fears point to that description of debility which results from the continuance of the inflammatory process—that subsequent weakening of the part which will be produced by those changes which inflammation is capable of causing in the structure of the organ. In both these cases, I think there is really ground for the apprehension of debility; but I have seen no reason to apprehend debility as the consequence of those means that are necessary to reduce such inflammatory action; so far otherwise, that I conceive the real and effectual way of preventing debility in such cases is, to adopt the most vigorous means of stopping inflammation in its early stage. It has been said that it will bring on typhoid symptoms. The words *typhus* and *typhoid* have become a complete bugbear; typhoid symptoms merely denote the state of an individual in whom certain organs are the seat of disease, and in whom the disease has gone to a considerable extent. Typhoid symptoms are by no means a necessary consequence of inflammation generally; they are merely one of the results consequent on disease existing in a certain set of organs—that is, in the nervous system. The only fear of debility in cases of inflammation generally is, that of allowing the disease to proceed unchecked, till it effects such changes of structure as will subsequently impair the functions of the part.

LIFE OF MR THOMAS WAKLEY, M.P.—IV.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I have now to exhibit the editor of the 'Lancet' as the prosecutor of a brother scribe, Dr James Johnson. These gentlemen had been at daggers drawn for some time, and Erinensis also wielded his powerful pen against the editor of the 'Medico Chirurgical Review.' This classical author was terribly severe, sarcastic, and crushing in his remarks. Who this gentleman was, Dr Johnson, nor any other person, never hinted at. At a later period, when the pugnacious editors of the rival journals had exhausted their venom, it was stated that Mr Lawrence might have been the writer: this I know to be untrue; then, Mr Wardrop, this is equally untrue, for no person of sane mind would identify him as the writer. Some declared that Wakley wrote them. This was the climax. It is perfectly ridiculous, for Wakley is merely a matter-of-fact man; he is quite innocent of the charge; they are not in his style; they are laboured productions. The original MSS. bore the interpolations of the careful author; indeed, the writing could scarcely be read in consequence of the numerous interlineations, blottings, and corrections. That the author was an Irishman—that at the time he first wrote he resided in London, I well know—that he became indisposed and left the great metropolis is also true—that most of his pungent satires came from the Green Isle—that he raised the circulation, if not the reputation, of the most scurrilous journal that ever was launched on the ocean of literature, is likewise true.

Mr Wakley brought an action for libel on Dr James Johnson, contained in vol. 8 of the 'Medico Chirurgical Review.' A letter had been sent to Dr Johnson, signed 'Atropos,' on which that gentleman made some remarks, but did not mention Mr Wakley by name. For these observations the editor of the 'Lancet' instituted proceedings in the Court of Common Pleas. I will extract some portions of the libel.

After calling Wakley by every opprobrious epithet, on the occasion of that gentleman being present at a lecture delivered by Sir Charles Bell at the College of Surgeons, Mr Wakley is described as having called for a report, upon which the editor of the 'Review' states,—

"We understand that, previously to the admission of visitors, the appearance of a *salamander* in the gallery amongst the students excited considerable ferment there; and at one time there was every reason to believe the fallen angel's ambition would be gratified by aerial flight over the heads of members, council, and all. * * * The threatened expulsion of *Lucifer* from the presence of the Gods on High Olympus, spread terror and dismay among the inhabitants of the lower regions; but happily they were spared a visit from this *firebrand*, or rather *fire-factor*, as he is now generally denominated, who willingly, for once, made his exit through the postern gate."

Again,—

"The common derivation of this word is wrong; it is not from *lux* and *fero*, but from *ignis* and *facio* (*vide* 'Secret Memoirs of the House of Argyll,); also a new mode of lighting the streets without lamps, and extinguishing debts by means of fire-engines."

There, I think I have selected sufficient from this severe libel—this attack on Mr Wakley's private character. To prove that this writing applied to Mr Wakley, Mr Lawrence, Mr Keirnar, and others, were called, and they swore they believed the libel applied to the editor of the 'Lancet.' Dr Johnson was cast in damages 100*l.* and costs, which amounted to about 600*l.* Mr Wakley also brought two actions against the printer and another person, and was successful in both; in one by the payment of costs by the defendant, and the withdrawal of a juror in the other. These trials completely sealed the lips and forbad the ink of rival writers to flow in order to libel our hero.

CENSOR.

APOTHECARIES' HALL.—Names of gentlemen who passed on Thursday, November 7.—Thomas Howell, Risborough, Bucks; Wm. Partridge Mills, Ipswich; Wm. A. Rolfe, Norwich; John Brett, Camberwell; Henry James Browse, George Wride, Cross, Somerset; Charles Bartholomew Moody, Great Grimsby; John David, Swansea; and Jonathan Haigh, Beaufort.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.
THURSDAY.—Operations at St George's, at one.
FRIDAY.—Operations at St Thomas's.
SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

DR SPILLAN.—*A letter has been sent to us signed "D. Spillan." It is written in so intemperate a strain, and is stained by such gross language and dirty comparisons, that until it is authenticated, we are unwilling to believe it could have emanated from* any *M.D.*

OBSERVER.—*Write often.*

MR HARE.—*Our copy of this gentleman's work has been accidentally mislaid, or we should have noticed it this week.*

MR SCOFFERN *and our* REPORTER *at* GUY'S HOSPITAL *will receive notes by post.*

DUBLIN COLLEGE OF SURGEONS.—*We have heard of several persons putting themselves forward as possessing this degree, who have no claim to it. Their names shall be printed.*

A SURGEON'S *letter on professional quackery next week.*

Q IN THE CORNER OF HYDE PARK *begs us to reiterate that Domier is the mere cat's paw—Roderick is still the* hack—BRODIE *is the* real Editor—*Babington, Cesar, Seymour, and Company form the staff of the Gazette. Nothing is allowed to be inserted that is not quite agreeable to the Chief. All matters are discussed and settled in "our Hospital and Savill row."*

SURGEONS' AND CHEMISTS' ASSISTANTS, *when their conduct is deserving of commendation or support, will find a friend in the* 'Medical Times.' *Mr Garman is a respectable surgeon, but we agree with Mercator, that such conduct as he describes of the shoddon assistant is not calculated to advance Mr Garman's interests.—*

UNIVERSITY COLLEGE.—*A meeting took place here on Monday for the purpose of debating the propriety of adopting an academical costume. A Correspondent requests a corner for the following lines, suggested by the opening speech on that* momentous *occasion:*

Mr W——n surely has found out the cause
Why poor Stinkomalee gains so little applause.
Oxonians will smile, Bartholomew's laugh.
University College is all half-and-half.

The communication of a St. GEORGE'S *Student was gladly received. We wish* every *Student in London would write.*

A MIDDLESEX PUPIL *in our next.*

J. H. G. DR RYAN *has no more to do with this Journal than Sir B. Brodie has.*

SCENES IN BEDFORD SQUARE *next week.*

H. M.—*Send regularly, with name—in confidence of course.*

Received Mr B.—K. K.

COMPOSITOR.—*The proof sheets of the Gazette are all* corrected *and objectionable paragraphs* omitted *by Domier and Arnott, before being submitted to Sir Benjamin.*

BOROUGHMONGER.—*Young Travers will make a good lecturer, could he only induce "Old Ben" to cure him of "Constitutional Irritation."*

VERAX.—*We have reason to believe that the "Narrative" was composed and written, ready for the press in Edinburgh, by the valiant Knight himself.*

BONUS.—*We believe that* RODERICK *would not consent to give Dr Clendinning any remuneration for his* MORBUS CORDIS *lectures.—Domier makes an extra charge for preparing them for the press.*

M.D.—*That notorious system is gaining ground,—a Chemist in the neighbourhood of St Martin's lane has advertised for a Physician, at a salary of three guineas per week, to attend in the back shop for the purpose of giving advice gratis.*

Stethoscope caricatured may be seen every day by Dr Hope on the patients in St George's Hospital. His clinique is well worthy the attention of the curious.

SLANG.—*It is the native dialect of the Professor, which neither time nor attention can efface. Quain is a native of the "Gem of the Sea!"*

THE MEDICAL TIMES.

WORKING OF THE ANATOMY ACT.

WHILE the interests of surviving humanity render it requisite that a number of those who have "shuffled off this mortal coil" should be submitted to the scalpel of the anatomist; while the prejudice against dissection continues to exist among the public, and the proposition of "anatomizing" a man causes a shudder to run through his frame; while the poor and destitute, who have starved and shivered through a destitute existence in the byways and wretched corners of the metropolis, are selected by their more fortunate fellowmen to be subjected to this "punishment" of their poverty—while these things are, it is disgraceful to the profession, it is disgusting to humanity, that the last remains of such as fall under the operation of the Anatomy Act should become the subject of jobbing—that the body of a wretched pauper should be the means of gratifying base cupidity and sordid lucre-lust. When Burke and Hare were discovered in the commission of murders in the heart of "Modern Athens" for the purpose of selling the bodies for dissection, all England, Scotland, nay, all Europe was horror-stricken, not so much at the murder, but at the crime of getting money by the sale of human flesh and bones. How circumstances change the aspect of things. In England—in London—the dead poor whose bodies are consigned for dissection become the object of JOBBING!! Instead of the sanctity of science purifying the thoughts and guiding the actions of those in whose hands the distribution of subjects for dissection depends—instead of a sedate and proper fulfilment of the onerous duties of the important office—we have truckling intrigue, and base cupidity at work, to defeat the distribution of subjects in the wise and proper manner intended by the law, the object of which is to afford every student facilities for gaining a perfect knowledge of anatomy; a knowledge, without which he can never be anything but an empirical practitioner. This sanitary intention is daily defeated. On the tables of one school subjects are lying useless, and almost untouched; in others, the students are delayed in their progress by the want of means for dissecting. *Particular parishes supply particular dissecting-rooms. Professors and parish officers are on a friendly footing, presents are made, and both parties* 'put money in their purse' *by the perfectly upright, gentlemanly, honourable, humane arrangements which exist between them.* Much discontent has naturally arisen, and in time the pear will be ripe. Let the delinquents beware the day of reckoning.

Lieut.-General Thornton has presented 500*l.* to the Northampton Infirmary.

SECRET OF THE SANATORIUM JOB.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I am not at all surprised that you have passed by the efforts of some renegade members of the profession, aided by other parties whose public career I shall now take the liberty of castigating, to establish an hospital for the '*middle* classes.' This plan may suit some individuals who desire *offices* in such an institution, or who possess hatred towards a liberal and enlightened body of men; but, sir, I am astounded that Dr Southwood Smith, Mr Arnott, and others, should lend themselves to destroy the prospects of their brother practitioners without the slightest *benefit* to the class of persons for whom this "Sanatorium" is designed. From the middle classes the indefatigable practitioner derives the greatest portion of his income—destroy this source, and you plunge many honest and good men into distress and ruin. Now, sir, I will endeavour to open the eyes of Dr Smith and Mr Arnott respecting this project; and I am confident that after what I shall relate those gentlemen will or ought to secede from a position which must subject them to the suspicion of motives which are unworthy of honourable men. By persisting they must be liable to the suspicion of aiding and abetting the wretched *Poor Law Commissioners* and their *fag* (old *rope*-seller of Limehouse,) Penny-a-line Edwin Chadwick, to strike a fatal blow against a profession which these harpies have for five years attempted to degrade by their *contracts*, which destroy the health of the poor;—or these gentlemen, Dr Smith, Mr Arnott, and others, must submit to the imputation of desiring the most *responsible offices* under the guinea subscription fund. I shall not now express an opinion on the motives of Dr Smith or Mr Arnott, but will state *facts* that will tend, I think, to disgust them with a project which I have no doubt commenced in intrigue, and must perish in disgrace.

Who is the projector? Is it not Mr George Stacy? Who is Mr George Stacy, and what are his motives? Let me inquire. This personage was originally a working jeweller; he is now a shopkeeper in the Edgeware road; he also holds the situation of paid secretary to the London Literary and Scientific Institution, where this "middle class" hospital meeting *was held.* The situation was obtained through the influence of Mr George Grote, M.P. The ambitious Stacy caused his name to be entered as a rated inhabitant of the parish and ward of Aldersgate in right of receiving a *salary* from the funds of the institution. This induced him to offer himself, on *Radical* principles, as a candidate for the office of Common Councilman to the ward. He was faintly opposed, for Liberal principles were then on the ascendant, thanks to the exertions of sound Reformers, led by a person who unfortunately ruined himself in their behalf (who, I believe, meets that neglect and indifference which, alas! is the common lot of public men not possessed of wealth). George Stacy was *then* a Radical; and when the Poor Law Bill was in the House of Commons he called on some of the inhabitants to get up a public vestry meeting to petition *against* the most atrocious algerine act ever passed to grind the poor to dust. The vestry met, and this Stacy made several strong speeches *against* the proposed measure. I thought the man sincere and honest, and I for one supported him with warmth. Every resolution was passed, and the hand of George Stacy *wrote the petition*, which was duly presented to the "collective wisdom." Time passed on, the bill became law, and it was proposed to introduce it into the city of London. The

moment such a project was known George Stacy became *sceptical* as to the atrociousness of *some* of the clauses—he began to coquet; and at last he lauded in vestry clause upon clause which had been the subject of his unsparing abuse. At length he stood forth in his proper colours—a *renegade* to Radical principles. A change of opinion I do not condemn when that opinion is founded on a conviction that our impressions have been erroneous; but George, in defiance of all principle, offered himself as a *candidate for the secretaryship to the Board of Guardians to the City Union.* People stared, the Tories laughed loud—Stacy received the just meed of a renegade—he was REJECTED. This restless, unprincipled politician, however, must be *something*, so he repairs to the clique of Penny-a-line Chadwick—once the object of his unsparing malignity—proposes a scheme that will "*benefit*" the pale-faced youths of "*his*" institution, and procure for himself a *good fat situation!* Space prevents me from further remark until next week, when I promise the renegade Stacy a continuation of my *facts*. CENSOR.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

NOVEMBER 9.—Mr Guthrie now reverted to the subject of injuries of the head, taking for the subject of his observations the case of George Gray, æt. 45, a man of full sanguine temperament, who was admitted into the hospital on the first instant, about noon. He had fallen from an omnibus on Westminster bridge, so as to shake the head. The integuments were slightly lacerated at the anterior part of the right parietal bone, which did not, however, appear to have sustained any injury. He lay on his back in a state of partial unconsciousness, restless and irritable, with convulsive movements of mouth and extremities. He was sensible of being touched. Pupils fixed—the right rather more dilated than the left. A wiry pulse of 120, and the respiration accelerated, but not stertorous. Heat of surface. No relaxation of the sphincters. Here was an accident followed apparently by the reaction which constitutes the second stage of concussion, where depletion begins to be required; but the man had been bled largely from the temporal artery before he was brought in, and also there was a peculiarity of look and manner *indescribable*, strongly indicative of a maniacal state. Mr Guthrie had seen many cases of a similar nature, and at first had always been accustomed to draw blood extensively and repeatedly. The patients died, but no morbid condition of the brain was discovered. He was now strongly impressed with the idea that the treatment adopted was erroneous. In the next case that occurred he again bled the patient freely once, but no benefit accrued. In order to abate the irritation, he then resorted to sedatives. Morphia was administered in full doses every few hours, and with the most gratifying results. Excitement was allayed; sleep was induced, and the patient finally did well. Other cases of a similar description were in like manner conducted to a favourable termination, and analogy led Mr Guthrie to believe that the excitement of simple mania might often be controlled by sedatives. He had repeatedly found his expectations realized, proving the justness of his views. One case in particular had made great impression on him. A man of rank and fortune was suddenly seized with violent phrenitic symptoms, for which he was treated in the first instance with vigorous antiphlogistic measures in vain. He became more violent in consequence, making every effort to destroy himself. After five or six weeks Mr Guthrie was again consulted, and it was agreed that the use of morphia should be resorted to. Benefit was soon apparent, and by persistence in the sedative plan of treatment, he had the satisfaction of seeing the gentleman restored to health. In many cases of subsequent occurrence, his confidence in the above mode of procedure was strengthened.

A dose of calomel and opium was administered to Gray on admission, and also a turpentine enema, which acted once on the bowels. The head was shaved and cold lotion kept applied. Towards evening he became violently delirious, requiring the use of the strait jacket. The right pupil became more contracted. He was exceedingly irritable, starting when approached, and morbidly attentive to surrounding objects. The skin was cool. Pulse now only 84, and regular. Nov. 2. Had passed a sleepless and restless night. The bowels have not again been relieved. Aspect very wild, and great mental confusion. Pupils natural. Skin hot and dry. Pulse 96, and full. He soon became much more sensible, and with some importunity answers can be obtained from him; but he had no recollection of the accident, or what occurred subsequently. Mr Guthrie ordered him an aperient, and half a grain of morphia every four hours. The first dose had an immediate tranquillizing effect. Nov. 3. Some information was this morning obtained. He is addicted to habitual excess in drinking, which has had the effect of soon affecting him, ever since he had an attack of paralysis of one of his lower extremities, resulting from a blow on the head. He has since, from time to time, been subject to attacks of an epileptic character, with one of which it is probable he was seized when the accident occurred, or he might have been somewhat intoxicated. He has had three doses of morphine, and has passed a quiet night, with some sleep. The bowels had been freely opened. The skin was moist, and pulse 72. About 7, P.M., he became very violent and noisy, fancying he was going to be murdered. The morphine was resumed in the evening, which soon quieted him, but did not induce sleep. Nov. 4. Quiet and rational. Pulse strong—96, and skin moist. From this moment he progressed favourably, without recurrence of his symptoms. Some might consider this case as approximating to delirium tremens: violent nervous excitement was evidently caused by the shock. The efficacy of the soothing plan of treatment was clearly evinced. Under a system of depletion it is probable the case would not have terminated so favourably: a maniacal state would perhaps have remained, which, indeed, would most likely occur at some future period.

MEETINGS OF SOCIETIES.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 12.—This society resumed its meetings for the season this evening. The attendance of members was unusually large, and comprised the *elité* of the profession. SIR BENJAMIN BRODIE was in the chair. A number of presents having been announced, and members elected, the secretary proceeded to read a communication from Mr Travers on a case of strangulated hernia, in which the bowels were ruptured, in consequence of the laborious efforts made to reduce it. The author attributed the general failure of operations for hernia to the loss of nervous power in the protruded portion of the intestinal sac, and recommended that this important circumstance should always be borne in mind in the application of our remedial means.

A discussion ensued, in the course of which Mr Macilwain observed, that almost all the cases of strangulated hernia which he, as well as his predecessor, Mr Taunton, had treated at the City of London Truss Infirmary, had been attended with the most complete success by abstaining from purgatives, and using caution as to bleeding. The chairman was of opinion that the reason why cases met with in private practice were in general more successful than those in hospitals, was, that they were attended to earlier — the operation was performed without any delay.

The next paper read was from the pen of Mr Barlow, detailing a case of uterine hæmorrhage, in which the blood escaped through the fallopian tubes into the cavity of the pelvis.

It was announced that at the next meeting Dr Burns would read some notes of cases of acute inflammation of the stomach, and the members then separated.

WESTMINSTER MEDICAL SOCIETY.

NOVEMBER 9.—Dr Chowne, vice-president, in the chair. Mr Hale Thompson was proposed as an honorary, and several gentlemen were elected as ordinary members of the society.

Dr G. Bird related the following case:—A man who had been under Dr Addison at Guy's Hospital, was transferred to his care on Friday last. He was entirely livid, cold, and collapsed. Stimulants were administered, and the other necessary means for promoting animation promptly resorted to, but all to no purpose. He died in the course of half an hour. On examination his urine was found to be albuminous, thereby indicating a diseased state of the kidneys; his arteries, especially the aorta, considerably thickened; and his lungs saturated with blood, and presenting altogether the pathognomic signs of genuine pneumonia. But the most curious circumstance was, that, on opening the pleura, a number of small bodies, precisely resembling swine's teats, were discovered on the left side of that organ; they were of a steatomatous character, and appeared so anomalous—the whole case, in short, appeared to Dr Bird so anomalous and inexplicable, that he considered himself justified in bringing it before the consideration of the society.

Mr Winslow, having been called upon, then proceeded to read his paper on Suicide. He commenced by remarking on the extreme difficulty of reconciling the love of life, a natural feeling implanted in the breast of man, with the commission of suicide. It was not his intention to consider the subject phrenologically; but his belief had ever been that there is, in reality, a morbid propensity to destroy, more or less developed in different individuals, and either connected with or independent of insanity; and that it is the high excitement of this propensity, or feeling, uncontrolled by the reasoning faculties, which is, in the great majority of cases, the cause of self-destruction, and perhaps of murder too. Suicide was seldom to be traced to insanity. The statistical records both of England and France, showed a great disproportion in the number of cases consequent upon insanity, compared with those from other causes; and it should not be forgotten that the point where insanity begins and where it ends, the modifications to which it is subject, and the medical and legal distinctions drawn of it, are still disputed points, and should be well considered before a decision is given in any case. The author, after repeating the popular and accredited observation that suicides in England generally result from drunkenness, in France from love, and in Spain from jealousy or hatred, alluded to the fact of their having prevailed epidemically, as attested by various writers; as also to their occurrence on the principle of imitation; and, in accordance with the latter view, he expressed it as his opinion that the public press should be restrained from publishing any reports of suicides whatsoever. The propensity to commit suicide, he considered, might be transmitted hereditarily from one generation to another. Dr Burrows mentions an instance of a grandfather, a father, and son having successively destroyed themselves; and Dr Rush mentions many similar cases. Melancholy and disturbed spirits, occasioned by a diseased condition of the stomach and bowels, was another and a great incitement to self-destruction; and the relief of such condition in any patient in whom it might present itself, should be an especial object with the medical practitioner. It was a question whether sufficient attention were paid to those physical circumstances which, although apparently trivial, have been found to exert an influence on the mind,—to raise or depress the spirits, to lead to peculiar trains of thought and determinations of purpose,—such as the state of the digestive organs, the stomach and bowels, the nervous system, &c., since to these may not unfrequently be traced the origin of that fatal resolution of self-destruction. Thus, the assassin of Louis XV is said to have been led on to commit the act for which he was executed, in consequence of a state of mind induced by a most tormenting sensation in his bowels; and it is related of Voltaire that once, during a short illness, he conversed with a friend on the brief measure of enjoyment allotted to man on earth, and a variety of other melancholy topics, until they both worked themselves up to such a pitch that they came to the determination to commit suicide; but Voltaire having by the next morn-

ing been greatly relieved by an evacuation, and by the medical treatment to which he had been subjected, stated that he had changed his purpose, and would continue to live. Mr Winslow then adduced statistical facts in refutation of the common opinion that England is the *beau-ideal* of a suicidal country. Suicides in France are incomparably more numerous every year, and it is not unfrequent to hear persons thus address each other:—"Will you dine with me to-day?" "No—I am engaged to shoot myself." In England suicides are not committed in this matter-of-course style, but generally under circumstances of a very grave character; such, especially, as a sudden reverse of fortune, a fit of drunkenness or insanity, or, above all, an excited state of political feeling. Mr W. then showed the fallacy of the idea that suicides are more prevalent in November than in other months; and observed that the disposition to commit suicide is more marked in high temperatures than in low—in 90 F. it is very striking—and that it is more obvious in males than in females. He regretted to have to state that the amount of suicides committed in London was now much greater than at any former period, and would fain hope that by the dissemination of sound religious instruction, and the promotion of good feelings between man and man, they might yet be infinitely lessened.

Dr J. Johnson was of opinion that the subject of the cause of suicide was a most debatable one. He had been led to believe that it was committed under three distinct circumstances:—first, where mental derangement exists, as in monomania; the patient in this case reasoning well, but having a dark spot, which phrenzying and bewildering him, eventually leads to self-destruction; secondly, where feeling or passion predominates, and overcomes the reason, as in the case of a female who is seduced, and who, scorned by her parents and the world, leaps, it may be, into the Thames; and this is the most frequent class of cases; and, thirdly, where legitimate reason alone prompts, as instanced in Cato, Cassius, Cleopatra, and other great persons of antiquity, who, having no belief in a future state, were reckless of their fate. The commission of suicide under the last two circumstances Dr Johnson considered to be wholly indepen dent of insanity.

Dr A. T. Thomson believed that every case of suicide was the result of insanity, and at some length proceeded to establish his point. It was a melancholy fact, he observed, that insanity, and with it suicide, were prevalent in the direct ratio of civilization.

Dr G. Bird was inclined to attributs to what might be called the fascination of circumstances many cases of suicide: such, for instance as that of a person standing on the summit of a lofty precipice, when he becomes giddy, and is seized with a violent inclination to throw himself off. He, himself, while standing on a point overlooking Loch Magar some years since, was nearly becoming a victim to this peculiar sensation, and was, in fact, about to make a spring, when he was pulled away by a peasant standing by.

Dr Guy, Mr Quain, and one or two other gentlemen then severally gave their opinions; but the hour growing late, it was decided that the discussion on the subject should be resumed at the next meeting.

MEDICAL STUDENTS' FRIENDLY AND SCIENTIFIC ASSOCIATION.

NOVEMBER 8.—G. D. Dermott, Esq., in the chair. Mr Mullindar read an essay illustrative of his views on the subject of medical reform. He characterized the existing corporations as utterly useless, and, in their operation, even injurious; and proceeded to lay down the following propositions: first, that the power of examination of all candidates for degrees in medicine should be vested in an open council, chosen solely on account of talent and professional skill, instead of favouritism or family connexion; secondly, that a benevolent fund should be established for the support of decayed members, widows, and orphans; and, thirdly, that a general medical library should be instituted, and periodical conversaziones held, in order to bring the members into friendly contact, and to afford to the students opportunities for discussing matters involving their interests.

A protracted discussion ensued, in which Messrs Jefferson, M'Manus, and the chairman took the principal part.

In the course of his observations Mr Dermott animadverted strongly on the conduct of those so-called medical reformers who, notwithstanding a committee of the House of Commons had sat so long ago as the year 1834, for the purpose of considering the necessary reforms, had never since introduced the subject into the House. This was most culpable negligence, and quite of a piece with the juggle which had been played in other respects; with the pretended medical college, with the fees which had been received for the purposes of that college, with the non-auditing of the accounts, and so forth. Session after session passed, but no plan of medical reform was introduced before the House of Commons, and the pledges which had been given were most shamefully neglected.

It having been then confirmed, *pro forma*, that the meetings of the association should in future be held on the Thursday, instead of the Friday evening of each week, the members separated.

MIDDLESEX HOSPITAL MEDICAL SOCIETY.

Nov. 13.—The first meeting of this society took place this evening. After an appropriate address from the chairman, Mr Pyper, Mr Dalvey read a paper on tubercular formations. Mr Chalmers then produced some curious and interesting cases of varicose ulcers from the hospital, which he prefaced with some remarks on the treatment adopted.

At Sydenham College an attempt has been made to re-model the students' society. At the North London School the pupils have formed themselves into a society under the title of the Medico-Chirurgical Society of the North London School. They held the first meeting on Tuesday, when Mr Toswill read a paper on the '*Indications of Disease afforded by the secretions of the salivary organs.*'

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

ARMY.—Wm. Duncan, Gent., to be Assist.-Surg. to the Forces.

NAVY.—Assist.-Surg. George Doake to be Acting-Surg. of the *Harlequin*. Henry Edmonds appointed to the *Fantome*.

Dr Langford has been appointed to the Adare Dispensary. Dr Stack, Physician to the Meath street Sick Poor Institution. Dr Alexander to the Ballygawley Dispensary.

VACANCY.—The post of Surgeon to the Metropolitan Free Hospital. Six candidates are in the field.

OBITUARY.—On the 7th inst. William Carnaby, M.D., aged 67. On the 11th inst., at Ramsgate, Mr Thomas Hays, jun., Surgeon, aged 35. In Middleton, Dennis M'Carthy, Esq., M.D.

Dr Hamilton, the distinguished professor at the University of Edinburgh, has, in consequence of ill health, resigned the chair, which he has filled with so much honour to himself and benefit to the community for nearly fifty years.

We regret exceedingly the calamity that has befallen Mr Jonathan Pereira. A correspondent states, that on the evening of Friday last, as he was looking for an omnibus, a tall figure, enveloped in a long *blue* cloak, rushed from Finsbury square on to the Pavement in Moorfields like a maniac. He stopped at a window containing stationery, devoured with his vile eye the contents, and, as if disappointed, darted off again, rushing against every pedestrian. Many persons stopped to gaze on this "*Gilpin.*" At length, about half-past eight, Jonathan found, at the extremity of the Pavement, the object of his search. He entered the shop—threw down his copper—darted from the stationer's with THE MEDICAL TIMES! Poor Jonathan, we pity thee, and will send Dr Burrows to thy spacious mansion. If the students of the London Hospital miss their lecturer, they will now be acquainted with the cause of his lamented absence.

REVIEWS.

Documents and Dates of Modern Discoveries in the Nervous System. Octavo, pp. 172. Churchill.

THE object of this publication seems to be to place in juxta-position the various modern discoveries in the nervous system, and to demonstrate the merit due to each claimant, by the republication of the portions of their works bearing immediately on the subject, with the dates of their publication.

In his introductory remarks the author adverts to its still being a matter of doubt whether the anterior and posterior columns of the spinal cord are correctly assigned as the respective media of motion and sensation: and why does he doubt? Because motion is induced by irritation of the posterior roots as well as of the anterior roots in the living animal, though to a much less extent! Could we expect otherwise? Impression, either cerebral or spinal, conveyed by sentient fibrillæ to the respective centre, is decidedly the natural stimulus to the muscular action of animal life. Therefore, if we irritate a sentient nerve, motion will be the secondary result of the impression, whereas it will be the primary consequence of irritating the motor nerve. The issue is to some extent the same—the relationship is different. The proof of negation affords more distinct evidence on the subject. Does not division of the anterior spinal roots affect the motor power, cutting off the muscular structure, for which they were destined; from the influence of the spinal and cerebral masses! Will not the section of the posterior spinal roots evince their destined function by the annihilation of sensation?

In April, 1809, Walker first divided the nerves into those of sensation and those of volition, including them both under the term "nerves of motion," that action only taking place in different directions. He believed sensation connected with the anterior spinal columns—volition with the posterior, contrary to the more lately received opinions. In August, 1815, he more fully developed his views, in brief, as follows:—Nerves of sensation are connected with the cerebrum—those of the organs of sense immediately, the others mediately, through the channels of the anterior columns of the spinal marrow, which may be termed ascending. Thus perception may be submitted to the medium of the mental faculties. The impulse is then transmitted to the cerebellum, which gives the impulse to all voluntary and involuntary motion, chiefly through the medium of the posterior medullary columns. Thus he deems a species of nervous circulation established, corresponding with anatomical facts.

In 1811 Sir C. Bell first made known the views he entertained, ascribing the origination of motor nerves to the anterior portion of the medulla spinalis. In 1821 he developed his theory of respiratory nerves, including the seventh pair; he also indicated the analogy of the fifth with common spinal nerves.

In 1822 Majendie published his experiments on the roots of the spinal nerves, confirming thereby the views of Bell, of which he states himself unaware. In addition to establishing the connexion of the nerves of the anterior columns with motion, he pointed out that the posterior were destined for sensation. In 1823 he published a continuation of his researches, and demonstrated the peculiar relation of the cerebellum to motion.

Dr Whytt, in 1751, declared sensation to be the cause of motion in the whole or separated parts of living bodies of animals. He suggests, "That the various sympathetic mo-

tions of animals, produced by irritation, whether in a sound or morbid state, are owing, not to any union of their nerves, but to particular sensations excited in certain organs, and thence communicated to the brain or spinal marrow."

Prochaska, in 1784, made more especial reference to reflex function. "External impressions, which are made on the censorial nerves, are propagated rapidly through their whole length to their origin, where, when they have arrived, they are reflected according to a certain law, and pass into corresponding motor nerves, through which, propagated rapidly, even to the muscles, they excite certain and determinate motions." "The place in which the impressions of the sensorial nerves are reflected upon the motor nerves is called the sensorium commune." "The sensorium commune extends to the medulla oblongala, crura cerebri and cerebelli, even to part of the optic thalami, and to the whole spinal marrow." "Reflection takes place whether the mind be conscious or unconscious of it."

Mayo, Blane, and Legallois followed up the ideas of Whytt and Prochaska.

Dr Marshall Hall, in 1832, more especially developed the the theory of a reflex function, and Muller rather later supported similar views with slight variations. On this subject we cannot but deem, and in fairness declare our opinion, that the entire merit of the original discovery of an excito-motor system is due to Whytt and Prochaska. Though the verbal garniture of Marshall Hall is different from that of his predecessors, the essential nature of his opinions is the same, nor can he claim originality of conception—he has but the merit of arrangement and application. Prochaska does not use the term "reflecto motor," but he points out the course of the function, and distinguishes it from action dependent on sensation, in the ordinary acceptation of the term. What is the meaning of these words, in the proceedings of the Zoological Society, which comprise Dr Hall's original proposition? He states "The peculiarity of this motion to consist in being excited by irritation of the extreme portion of the sentient nerves, whence the impression is conveyed through the corresponding portion of the brain and spinal marrow as a centre to the extremities of the motor nerves." Dr Marshall Hall may, by this time, have persuaded even himself that the excito-motor system is a discovery of his own, but we have a strong penchant for restoring stolen goods to their proper owners; though we are sorry to deprive the Doctor of that pelican in the wilderness—his one *original* idea.

Dr Copland's opinions respecting the Ganglionic System, as published in the Appendix of Richerand's Physiology, is the final document.

We may say, in conclusion, that the documents, as far as they go, are well worthy of perusal; but they afford only a partial view of a subject of the highest interest to the medical philosopher.

A Manual for the College of Surgeons in London, Dublin, and Edinburgh: intended for the use of Candidates preparing for Examination, and Practitioners. By John Steggall, M.D., Licentiate of the Royal College of Physicians, London, M.R.C.S., &c. &c., and M. W. Hilles, Senior Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine. Pp. 776. London. CHURCHILL.

THE reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a "Manual for the College," the book will prove of service to the student after he has obtained the diploma he is so anxious to possess. The authors have quoted largely from Quain's Anatomy, and from Mr Harrison's works. The first part contains descriptive anatomy; the bones and muscles being first described, and then judiciously arranged in a tabular form. The regional and surgical anatomy will be very useful to the student, and we may say that the 450 pages devoted to anatomy and operations may be consulted by the practitioner with advantage. The second part contains the surgery, and does not overlook the practice of the eminent continental surgeons; but the physiology is very meagre. Did Mr Hilles perpetrate this epitome? Whatever we may think of grinding, we wish—if it must be done—to see it done well. This book will undoubtedly help a man through the college, and—what is far greater praise—may teach him something afterwards.

Lectures on the Principles and Practice of Midwifery. By James Blundell, M.D. Edited by Charles Severn, M.D. Pp. 568. 12mo. MASTERS.

THESE discourses, like the lectures of Dr Armstrong, Sir Astley Cooper, Dr Elliotson, and Mr Abernethy, are a reprint from the reports in the weekly journals. It is almost unnecessary to repeat that, as a practical obstetrician, Dr Blundell ranks most deservedly high in the estimation of the profession. The volume before us is enhanced in value by the fact of the learned physician having corrected the proof sheets as they appeared in the 'Lancet;' but in recommending the work we cannot pass without censure the preposterous preface attached by "Dr" Severn, who slavers Dr Blundell in the most ridiculous style. Bombast and servility make up a compound which must gain for its author the mirth of the public, and the contempt of the individual to whom it is addressed. It is more like a prologue to a penny play than an introduction to a scientific work. "Dr" Severn's folly stops, however, before he does mischief, and the work is, altogether, a valuable one.

A Challenge to Phrenologists; or Phrenology tested by Reason and Facts. By A. M., of the Middle Temple. London. J. S. HODSON. Pp. 206. 12mo.

PHRENOLOGY, like many other things, was overrated on its first introduction, and its advocates assumed much more than they were able to support. Gall and Spurzheim are losing, one by one, nearly all the trophies in which their followers decked them. Recent researches have shown that they were not the first to promulgate the theory that different portions of the brain perform different mental functions, as *Laurentius* distinctly speaks of it as "known to the Arabians," describing it himself as a well-understood theory among his contemporaries. A manuscript has also been discovered in the Bodleian, if we recollect rightly, upon which is emblazoned a head, divided much in the manner of those introduced by the German philosophers. This does not, however, prove that Gall was a plagiarist, but it does assist in reducing phrenology and its modern revivers to their proper position. We are not willing to go the length of the author of the "Challenge"—we think the phrenological discussions have done much good—but we most cheerfully admit that we regard him as no mean champion, and give him credit for considerable talent and zeal. There is great force in many of his arguments; and if he does not annihilate the "science," he gives it some heavy blows, bestowed with "right good will."

The Student's Royal Road to Anatomical Knowledge. In 24 Tables. By a Professor of Anatomy. BURGESS.

ANOTHER of the many works prepared for the student. For ourselves, we confess a partiality for tabularizing information upon definite branches of science—it gives at a glance the various bearings of the subject, and shows the amount of what is to be learned. As far as we have had time to examine these tables, they are scrupulously correct, and we may safely recommend them. We understand they are by Mr Mayo.

Illustrations of Midwifery, &c. Part II. Plates. By M. Ryan, M.D., &c. Bailliere.

THE second number of this work is now before us, and offers nothing to lessen the favourable opinion we before expressed respecting it. Like the previous part, it contains four illustrative plates; two of the anatomy of the female reproductive apparatus, and two illustrating and assisting diagnosis on the duration of pregnancy.

BOOKS RECEIVED FOR REVIEW.

'The Modern Treatment of Syphilis, &c.' By LANGSTON PARKER, Surgeon Professor of Anatomy and Physiology in the Birmingham School of Medicine. CHURCHILL.

'A Lecture Introductory to the Business of the Original School of Medicine, Dublin.' By W. TAGERT, M.R.C.S.I., &c. Pp. 30. Dublin: FANNIN & Co.

'Remarkable Case of the Effects of Lightning on the Human Body, &c.' By JOHN DAVIES, Surgeon to the General Infirmary at Hertford, &c. Pp. 24. LONGMAN.

'Dr Spillan's Manual of Chemistry.' Pp. 96. JONES.

'Dr Spillan's Manual of Diagnosis of Diseases of the Chest.' Pp. 88. JONES.

CLINICAL INSTRUCTION—NOVEL EXAMPLE OF THE NUMERICAL METHOD.

Scene—A Ward in St Bartholomew's Hospital.

Mr Stanley (to his house surgeon): "Well, Mr Will—s, what would you recommend for this man?"—Mr W.: "Why, sir, we must give him sarsaparilla, and put him on meat diet."—Mr Stanley: "What do you think, Mr T.?"—Mr T.: "I agree with Mr W."—Mr Stanley: "What is your opinion, Mr S.?"—Mr S.: "I agree with the other gentlemen."—Mr Stanley: "That is precisely my opinion, and I should have expressed it had you not done so. But now an important reflection is the form of sarsaparilla. Let me see, the Hospital pharmacopeia contains the essence, and the decoction, and the root, and the tincture. Which do you consider the best? You are house surgeon, and I always place great reliance on house surgeons; I consider that house surgeons have greater opportunities of learning surgery than the surgeons themselves."—Mr Will—s: "I think the essence the best form."—Mr Stanley: "And you, Mr T.?"—Mr T.: "I prefer the decoction." The question being fairly submitted to seven authorities collected around, was reduced to an equality by the vote of the learned surgeon being thrown into the scale of his house surgeon. Mr Stanley: "Four to four; come, we will do the thing fairly. Here K. (slightly colouring), you have been box-carrier here for some time, now which do you say, because you shall settle this knotty point?"—Box-carrier (touching his hat in the distance): "I think the decoction, sir."—Mr Stanley: "Very well, Mr Will—s, let him have the decoction; perhaps K. is right." By thus subjecting his original views of diseases and their treatment to the free comments of his attendants, and by availing himself of their collective experience, he affords advantages to dressers that may well be envied by those of his brother surgeons. Long may he live to do honour to the noble school of surgery, of which he is so bright an ornament.

ADVERTISEMENTS.

ON a New and Successful Mode of Treatment Employed in the Cure of various forms of Ulcer and Granulating Wounds, by FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

Just published, Second Edition, 8vo., cloth, price 22s.

PRACTICAL or OPERATIVE SURGERY. Illustrated with 130 Engravings on Wood. By ROBERT LISTON, Esq., Surgeon to the North London Hospital.

This Work contains ample information on Injuries and Diseases of Joints and Bones—on Tumours—on Affections of the Gullet and Windpipe—on Diseases of the Genito-Urinary Organs and Rectum, Stone, Stricture, Fistula, &c.—on Hernia, Congenital Deformities and Deficiencies, &c. &c.

London: John Churchill, 16 Princes street, Soho; and Henry Renshaw, 356 Strand.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB-FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation: Illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

On the 2d of December will be published, in one very large 8vo. volume, cloth lettered, containing upwards of 1150 closely printed pages, price 1*l.* 2s.

THE PRINCIPLES and PRACTICE of OBSTETRIC MEDICINE, comprising the Structure of the Female Generative System, the Process of Parturition in all its details, the After Management of the Puerperal State, the Physiology and Diseases of Menstruation, the Physiology of Conception, the Diseases of Utero Gestation, and the Diseases of Children. By JAMES BLUNDELL, M.D., late Professor of Obstetric Medicine at Guy's Hospital. Carefully revised and corrected, with numerous and important additions and notes, by Alexander Cooper Lee, Esq., of University College, and Nathaniel Rogers, M.D., Member and late President of the Hunterian Society of Edinburgh, and Corresponding Member of the Medico-Chirurgical Society of Dublin.

*** This Edition of Dr Blundell's 'Principles and Practice of Obstetric Medicine,' is the very best work on this subject in the English language. The celebrity of its author has procured, not merely a European, but even a transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present Edition presents peculiar claims for the favourable consideration of the profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former Editions have been obviated; upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr Butler's name is a sufficient guarantee for its being brought out in a most superior manner.

London: Joseph Butler, Medical Bookseller and Publisher, No. 4 St Thomas's street, Southwark.

Fifth Edition, greatly enlarged.—Just published, in 12mo., price 3s. in cloth boards,

A FAMILIAR TREATISE on CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with reference especially to the Restoration of Sight by a peculiarly mild and successful operation, applicable to every stage and variety of the Disease, and at any period of life. Illustrated with Cases. By JOHN STEVENSON, Esq., M.R.C.S., Surgeon-Oculist and Aurist to his late Majesty, to other members of the Royal Family, and to the King of the Belgians; and Lecturer on the Anatomy, Physiology, and Pathology of the Eye and Ear.

S. Highley, 32 Fleet street.

MEDICAL BOOKS AT REDUCED PRICES.

DR SPILLAN'S MANUAL of PERCUSSION and AUSCULTATION, as employed in the Diagnosis of Diseases of the Chest and Abdomen. Pocket size, 1s.

DR SPILLAN'S CHEMISTRY, Pharmaceutical and Medical, for the Use of Students. Pocket size, 1s.

ARMSTRONG'S LECTURES on PATHOLOGY, and on the Theory and Practice of Physic. New Edition, by Thompson. 12mo., 4s., published at 6s.

GREEN'S LECTURES on the Diseases of the Eye. 18mo., cloth, 1s., published at 2s. 6d.

ORFILA on POISONS. What to do in Cases of Poisoning and of Accidents. By PROFESSOR ORFILA, of Paris; with Additions from BECK and CHRISTISON. On a large Chart, price 4d., 1837, published at 1s. 6d.

The same on Linen, in a Case, 1s. 4d., published at 3s.

The same on Linen, mounted on Rollers and Varnished, 3s., published at 6s. 6d.

ELLIOTSON'S LECTURES on the Practice of Physic. By Dr COOKE. 8s. 6d., published at 16s. 6d.

T. Jones has on hand a large collection of second-hand Books of the best Authors, ancient and modern, at prices that will bear a comparison with any House in London.

T. Jones, Medical Bookseller, 91 Aldersgate street (three doors from the Three Cups inn).

MR UNDERWOOD, Nine Years established as a MEDICAL AGENT, continues to negotiate for the sale and transfer of Practices and Partnerships. Gentlemen employing him in that capacity will derive every advantage that can arise from undivided attention, and assiduous efforts on his part, to effect their desired purpose.

Mr U.'s present list for disposal contains several Private Practices, Partnerships, and Practices with retail in every part of London; also a Number of Country Practices, some of which are most respectable and long established.—Assistants provided as usual. No. 1 James street, Adelphi.

BROWN BREAD.

IMPORTANT TO INVALIDS.—INGLIS'S Brown Bread is not only easily pervaded by the juice of the Stomach, but performs an important Mechanical duty on the Alimentary Organs.

"Inglis in New street, Covent Garden, makes very good Brown Bread."—See Graham on Diet and Regimen, last Edition, price 9s.

Upwards of One Hundred of the most respectable Medical References to be seen at the Shop.

DR RYAN'S MEDICAL WORKS.

This day, published with the Magazines, Part II, price 1s. 6d., of

DR RYAN'S ILLUSTRATIONS of MIDWIFERY; a complete Atlas and Companion to all Obstetric Works, containing four beautifully executed Plates, with thirty-two pages octavo of descriptive Letter-press.

H. Balliere, 219 Regent street, and all booksellers. To be completed in ten Monthly Parts.

THE PHYSICIAN'S VADEMECUM, or Manual of the Principles and Practice of Medicine.—Contents: Fevers—Agues—Diseases of the Brain (Epilepsy, Mania, &c.), of the Eye, Ear, Skin, Mouth, Throat, Lungs (Phthisis, Asthma), Heart, Stomach, Liver, Intestines, Kidneys, Gravel—Dropsies—Gout—Rheumatism, Scrofula, Scurvy, &c. 1837. Eleventh Edition, 7s. 6d.

Twenty thousand copies have been sold since the first edition. The work is in the possession of most students and junior practitioners.

A MANUAL of MIDWIFERY, and Diseases of Women and Children. Third Edition, 1831. Plates, 12s.

The profession in all countries have eulogised this work.—See Introductory Remarks in No. I of 'Dr Ryan's Illustrations of Midwifery,' Oct. 1, 1839.

A MANUAL of MEDICAL JURISPRUDENCE, Medical Evidence, &c. Second Edition, 1836. 13s.

Reprinted in America, and edited by Professor Griffiths. Most favourably noticed in 'Dr Johnson's Medico-Chirurgical Review,' and 'The American Journal of the Medical Sciences,' Nov. 1831.

THE UNIVERSAL PHARMACOPÆIA, or Formulary of Hospitals, 1839. Third Edition. 5s. 6d.

"One of the best Manuals we have ever seen."—Medico-Chirurgical Review, Oct. 1836.

"A sort of Polyglot Pharmacopœia."—Medical Gazette, 1835.

THE MEDICO-CHIRURGICAL PHARMACOPÆIA; Treatment of Poisonings. Dislocations. Fractures, and Natural and Difficult Labours, 1838. Second Edition. 3s. 6d.

"There is a vast deal of information in this little work, useful at the bed-side of sickness, or in the short hour of leisure from professional toils and anxieties."—Medico-Chirurgical Review, July, 1838.

OBSTETRIC APHORISMS, or Concise Precepts on Practical Midwifery. Second Edition, 1838. 2s.

"A pocket companion for the student and obstetrician."

THE PHILOSOPHY of MARRIAGE, in its Moral, Social, and Physical Relations. Third Edition, 1839. 6s.

"The work will have a prodigious sale, and does not contain a word which ought not to be known to medical practitioners."—Medico-Chirurgical Review, July, 1838.

A COMPARATIVE VIEW of Prostitution and Venereal Abuses in London, Paris, New York, &c., the most fertile Cause of Crime and Punishment, 1839. Plates, 10s. 6d.

"Works of this description, when properly conducted, cannot fail, in the hands of the public authorities, to improve society. We differ entirely from those who contend that the tendency of this work is evil. To the observer of life, to the man of science, to the philanthropist, it cannot fail to prove both interesting and useful."—New York Journal of Medicine and Surgery, July, 1839.

"Your work is a useful, a moral, a benevolent, and a religious book. It must do good, and great good, to society. No man can read it, who feels for man, without wishing to contribute something towards reducing that mass of crime, which you have well connected with human suffering and misery."—The Editor of one of the Leading Newspapers. The author's views have been adopted in no less than twenty sections of the New London Police Act, 1839.

DR DENMAN'S APHORISMS on MIDWIFERY, adapted to the Actual State of Science. Ninth Edition, 1835. 9s.

Eulogised in 'The Dublin Medical Journal,' 1835.

Nearly ready.

A MANUAL of DISEASES of the CHEST, Asthma, Consumption, Diseases of the Heart, &c. With numerous Cases.

On the most important DISEASES of WOMEN, from Puberty to Old Age. With numerous Cases.

On DISEASES of the GENITO-URINARY ORGANS, Syphilis, Gonorrhœa, Stricture, Diseases of the Prostate Gland, Bladder, Kidney, Ureters, Gravel, &c.; with Cases. Plates, 4s.

On the PHYSICAL EDUCATION and DISEASES of CHILDREN from Birth to Puberty. 8s.

These works are text books to the Author's Lectures on the Principles and Practice of Medicine, Midwifery, and Diseases of Women and Children, and Medical Jurisprudence.

Printed for the Author, 4 Charlotte street, Bloomsbury, Bedford square, and sold by H. Balliere, 219 Regent street, and all Booksellers.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½ Holborn hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen: ditto ditto, with Fronts, 1*l.* 16s. per dozen; Wove or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Dimity, with real China Net Silk Purses, 2*l.* 8s. per dozen; ditto ditto, with Elastic Springs, 2*l.* 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

RETREAT NEAR LEEDS,

FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict attention is paid to the Medical, as well as Moral Treatment, of the Individuals who are committed to his care.

The Retreat is delightfully situated on rising ground, at the opening of Aire-Dale, little more than a mile from the town of Leeds; the situation is healthy, cheerful, and also sufficiently retired: the gardens and plantations are extensive; the premises combine proper accommodations for the exercise and amusement of the Patients; and the apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a plan of treatment as may be necessary to restore the functions of the brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of Weak Mind, or who may be subject to Fits of Temporary Insanity, for whom confinement is necessary.* In recent cases, a perfect and speedy recovery may generally be expected.

Applications, either personal or by letter, postage free, addressed 26 East parade, Leeds, will meet with immediate attention, and have the most satisfactory references, if required, to Patients already discharged, or their friends; also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This day is published, in royal 8vo., dedicated, by permission, to Sir Benjamin Collins Brodie, Baronet, V.P.R.S., and Charles Aston Key, Esq., Senior Surgeon to Guy's Hospital,

PRACTICAL OBSERVATIONS on the CAUSES and TREATMENT of CURVATURES of the SPINE: with Hygienic Directions for the Physical Culture of Youth, as a Means of Preventing the Disease; an Etching and Description of an Apparatus for the Correction of the Deformity; and Engravings illustrative of the Cases. By SAMUEL HARE, Surgeon.

London: Simpkin, Marshal, & Co., and of all Booksellers.

* Mr H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the provisions of the 2nd and 3rd of Wm. IV, chap. 109, sect. 47.

*** Messrs Hare and Copperthwaite, Surgeons, &c., are in want of a well-educated Youth as a Pupil.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 13 Castle street, Long Acre (a few doors from Coombe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Aërated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2*l.* 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from 3*l.* 10s. to	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by VINCENT BROOKS, 421 Oxford street; and Sold by all Booksellers and Newsvenders in Town and Country.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 9. Vol. 1. LONDON, SATURDAY, NOVEMBER 23, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

SCENE IN BEDFORD SQUARE.

Dramatis personæ—Mr Wakley, Mr Farr, and G. J. Mills.

Time—Thursday, twelve o'clock.

A back room on the ground-floor—a table, with numerous papers lying in confusion upon it. Enter hastily Mills, with The Medical Times *in his hand.*

Mills—Who the devil sent this Times to *us?* By G—! Wakley must see this; for though he outwardly affects to despise the remarks of the press, yet he is more sensitive than any man I know. The slightest censure is sure to throw him into a fit of rage and swearing. Curse the Times; why do they publish *his* life, and search the 'Lancet,' too, for his trippings? It is most unfortunate. They should not have printed Tom's incense to George IV. What the devil the Finsbury folks (whom I, too, help to gull) will say, I don't know; but this I believe, that it will open their eyes, and make them a little suspicious of the "lion" member. Now our leader must be written, and, should Wakley feel cold this morning, I shall have immense trouble to induce him to doff his coat. He cannot *dictate* without. And if he *should* see this Medical Times he will utter a volley of oaths, grind his teeth, and utter—"Who the devil has done this?" I wonder where Farr and Green are. Well (*arranging the papers, and putting* The Medical Times *in his pocket*), I am ready.

Enter Farr.

Mills—Good morning, Mr *Statistics;* you are a confounded while past your engagement. The slips are in, and I have read them all but *your* "*speech*" at the *association*—that *I* can't get through.

Farr—Why, George, do you attempt provoking me by your *allusions?* I am late, for I have been bored to death by two or three fellows about The Medical Times; they all charge *me* with being its *editor!* Well, you have read all the slips but *my* speech; why can't you get through *that*, eh? it *reads* well.

Mills—It reads abominably; but the delivery was a cursed deal worse. We must *cut it down.*

Farr—Cut down my speech! No, no; I can't submit to that; but—

Mills (*interrupting*)—But what will the *members* that were present say to it? Why, you never uttered one half—you wrote it since.

Farr—I know that; but then we have the power of making a good speech, if *I* had not the ability to utter one. George, my boy (*coaxingly*)—let it go in!

Mills—There (*throwing the 'oration' at Farr's head*) do what you like with it, but don't *surfeit* me with the *reading*, or I shall demolish all the *interpolations*, and then the skeleton——.

Farr—Now, hold your peace, George (*drawing his pinchbeck from his fob*). It is nearly half-past twelve. Where is our coroner? Shall *I* have to write the *leader?* If so—

Mills (*laughing*)—You will begin your infernal dry statistics, I suppose.

Farr (*with warmth*)—Let me tell you, Mills, that statistical writings are the most useful; and, let me add, *that I can write too, and that's more than some people can.*

Mills—You write! Ah, ah, ah! Why, certainly you *can*, for I have heard *you say so.*

Farr—Now, Mills.

Here the door opens, and Wakley enters in his flowered dressing gown, his linen redolent of musk. Mills and Farr rise, and salute the "great" editor.

Wakley—Good morning, Farr, good morning, George; any news, any news? I say, three inquests to-day—not one do the infernal press know. D— the reporters; I'll *crush* them. What space have you for a series of letters? Must you make the 'Lancet' sell at a shilling? We do this pretty *often*—do they grumble? Ask Churchill.

Mills—Oh! there will be plenty of room, if I strike out Farr's speech.

Wakley winks at his amanuensis, and leers significantly at poor Farr's physiog., which becomes instantly elongated.

Wakley—Oh no; don't break Farr's heart quite. I know how *I* feel when *my* speeches are burked by the infernal press. I won't be *lengthy*, because you know how irksome *writing* is to me; but if I should grow *prosy*, why, Farr's oration must stand over. Well, now, let us proceed. Who have we to *cut up*—anybody? The college has not been noticed lately; our gulled readers will soon think we are turned Tories or Whigs. Have the barber surgeons done anything lately?

Mills—Yes, sir; issued new regulations last week, which were published in the Green—

Wakley—Ah, ah (*with a grin*); let me have them—printed in the Green catalogue, you say—(*another grim smile radiates his face*).

He reads, strikes the table, swears, throws off his dressing gown, orders Mills to arm himself with his steel pen. He then strides up and down the room, and, after sundry revengeful imprecations against his old enemy, dictates as usual to Mills. The leader being finished—

Wakley—Now, George, have you enough? How does it *read?* Is it *sharp enough?* Will they *feel* it—eh?

Mills reads the immortal article, declares it "capital," swears it will "raze the college to its foundation." Wakley smiles—Farr rubs his hands in ecstacy, declares he never "read such an excellent article in his life." The said leader against the college is now sent off to the printer, with Farr's "speech"—Wakley calls for brandy and water—a liveried lacquey places it on the table.

Wakley—Now, George, I will make mincemeat of those *fools*, the magistrates of Middlesex—the asses. The *press*, too, I will *crush* the 'Morning Herald'; and as for the 'Advertiser,' I know who writes there. But, mum—let me come across them, that's all.

Farr—Do you mean the 'Phenomenon,' sir?

Wakley—Yes, and * * * Dermott.

Mills—It is said that The Medical Times—

Wakley—The *what?*

Farr—Why, sir, have you not seen the new journal? They sell 5,000 already, and only six weeks old.

Wakley—A new journal (*astounded*) sell 5,000! On what principles?

Mills—Reform principles—cut, slap, dash. The articles are all well written—uncommonly pungent—leaders especially; so is *your life*, as true as if you had written it yourself.

Wakley (*breathing thick*)—*My* life! Eh—what, George? What *do they say* of me—do they abuse me? Have you got it? Give it me (*trembling violently*).

Mills hands the journals—Wakley devours their contents—mutters, "Portraits—favourable—true—Cooper—George IV."

Where did they get that, eh, George?

Mills—I think *Wardrop* wrote it.

Wakley—Wardrop! No, he *dare* not; I would ruin him. And yet——But, we are so *friendly*, I can't believe it.

Mills—Perhaps it is *Liston.*

Wakley (*shaking his head*)—Ah, he may have done it, out of revenge for your remarks (*turning to Farr*) at the deficiency of his clinical instruction; and yet he cannot be so ungrateful. Why, I have given him *fame*, *name*, and cash: he has dined with me, drank with me, and lied for me. I can't believe it. Oh that I was convinced—I would render University College Hospital too hot for him. I'll send the butcher to Scotland again—apron, sleeves, knife, and all.

Mills—Green says it is Dr Elliotson, Ryan, or Spillan.

Wakley (*starting as if an adder had stung him*)—Ah! there may be truth in that. (*He reads the second article—his career before he was a Radical—grinds his teeth, strides about the room, utters a volley of oaths, stops, stares, and looks mad.*) By G—! this article will ruin me in Finsbury. *Resign!* oh, madness is in the thought; and yet that Judge, of Bloomsbury, came with his cursed deputation, and talked about *fatigue*, and the arduousness of my duties as a "member" and a coroner. I will resign—but with my life. Ah, Elliotson! I'll do for you. How can we crush this Medical Times? If we mention our fears, they will laugh at us, and say the galled jade is wincing. If we take no notice, I lose my *seat.* I am almost sorry that Liston persuaded me to abuse my old friend Elliotson. But Jamie Wardrop, I think—

Farr—I incline to Elliotson or Ryan.

Mills—I think it's—

Wakley (*interrupting him*)—Bid Green watch the journal well, and if he should receive any correspondence from the fools who have been *stung* by the Times (*this being his department*), let him allude just so far to the journal that *they* may understand; but with sovereign contempt—call them insignificant—anything.

Wakley departs in a fearful passion—Farr and Mills bow like slaves to an Eastern mogul. They finish the brandy hot, and sally forth to Beck's—thence to the office. The immaculate appeared in due course of time, and the 1,392 *subscribers were so disgusted that the sale was reduced to* 1,150. *We have therefore beat the immaculate hollow, and only eight weeks of age.*

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL,

BY WILLIAM LAWRENCE, F.R.S.

TREATMENT OF INFLAMMATION—ANTIMONY—MERCURY—DIET, &c.

Gentlemen,—Local bleeding may be employed with advantage in the treatment of inflammation when the urgent symptoms have been subdued by the general loss of blood; or it may be employed alone in cases of a less serious description. In taking away blood by cupping, or by the application of leeches, when we have a choice between them (for scarification, and the abstraction of blood by punctures, are applicable in only a few cases), cupping is to be preferred, as the more efficacious of the two; for we can succeed in getting blood more quickly and with more certainty, by this method than the other. But there are several parts of the body to which the application of leeches is the more desirable. With regard to their number, I should say generally, and with reference to adults, that it is not worth while to apply less than ten or twelve, and these may be multiplied as the case requires.

You will not, I trust, misunderstand my observations respecting bleeding, as though I recommended that local bleeding should be adopted in

all cases of inflammation: in some cases, both general and local bleeding must be practised; in others, local bleeding alone answers every purpose; and there are a few cases in which it is not necessary to take blood at all. You must consider the state of the affected part, and the probability there is that the continuance of the inflammation will produce effects which would disturb the functions of the part. You must also take into consideration the constitution, strength, and the like circumstances, relative to the patient. When the object is to check inflammation suddenly, you will find it advantageous to adopt general bleeding in a free manner—to take a large quantity of blood, and even to repeat the depletion; but the most effectual way is to bleed largely at once, as the end is obtained with much less expense to the general system than by what might appear a milder use of the lancet. Indeed, there is no comparison, if we look to the mere point of debility, as to the effect of continued high inflammation, and that occasioned by the loss of a considerable quantity of blood at once. You will see a patient much more weakened by inflammation going on, than if you cut it short by copious bleeding. It is by no means uncommon to see a patient, in an affection of the head with delirium,—on the subsequent day in full possession of all his powers, if he have been subjected to a full but single depletion; whilst, on the contrary, he would have long remained ill, and the fever continued, if small, though frequent bleedings, had been had recourse to.

There is no one circumstance or symptom which can be laid down as a criterion or index by which to determine the quantity of blood to be taken. Certainly the pulse will not afford it; for in inflammation this may be full, strong, and hard; or, on the other hand, we sometimes find it low and depressed, particularly in inflammatory affections of the head—sometimes small and contracted, but hard and wiry, as in inflammatory affections about the abdomen. As this, then, will not afford a certain criterion, you must look particularly to local symptoms—to the state of the part affected, and its functions; and when you find evidence of active inflammation, you must then freely employ the lancet. It has been said that the state of the blood, as to the buffy coat, may be deemed a criterion for the extent of bleeding; but sometimes this does not exist. I have had occasion to notice the whiteness of the tongue as a symptom indicating the loss of blood to be necessary. It may be well to look to this in cases of inflammation, and not to regard it merely in reference to the state of the stomach and intestinal canal alone, but as it respects the system at large.

It is not sufficient in the treatment of inflammation to diminish the quantity of the circulating fluids by the abstraction of blood; we must also make use of means to prevent the introduction of further supplies into the system by the use of purgatives, and these are to be regulated according to the nature of the case. You employ purgatives first to empty the alimentary canal—to clear out the whole of its contents. For this purpose we give a full dose of calomel, with extract of colocynth or rhubarb, and follow this up with an aperient draught of infusion of senna, with Epsom salts, or a dose of Castor oil. You in this way get rid of what was in the intestines, and which kept the bowels in a state of irritation. You then administer neutral salts in small doses, to keep up a continual discharge from the intestines and the mucous surface of the stomach. On some occasions a large—a very large quantity of watery discharge is produced from the alimentary canal; but this is not surprising when we come to consider the great extent of surface presented by the stomach and intestines. The quantity of fluid so evacuated is very considerable; yet you will find persons go on giving purgatives for a great length of time, and to a great extent, who, nevertheless, are afraid of taking away a few ounces of blood from the arm. I have seen elaterium so given as to produce, by measure, five or six quarts of watery evacuations! When given in such a way, we cannot doubt that they have as great an effect in lessening the quantity of the circulating fluids as the taking a few ounces of blood from the arm. We ...t probably to regard the administration of purgatives not only as lessening the quantity of the circulating fluids, but also as promoting counter irritation, and thus reducing the determination of blood towards the part affected.

In inflammation, the diet must be particularly attended to. It must consist of fluids, or of plain, diluent, mucilaginous, and acidulated drinks, such as plain water, toast and water, barley water, lemonade, or tea. This should constitute the diet of a patient labouring under an inflammation attended with general disturbance of the system. When the case is not so serious, something more solid may be used, as roasted apple, ripe fruit, and toasted bread.

Such are the circumstances to be attended to in the treatment of persons labouring under inflammation: loss of blood, purging, abstinence,—these are the three great means of reducing inflammation. But there are auxiliary aids. In the first place, reducing the increased heat of surface, a symptom which is very troublesome to the patient. We find that if perspiration be promoted, the febrile symptoms become reduced, and hence attempts have been made to bring on perspiration by the use of such medicines as nitre, liq. ammon. acet., the alkaline salts, with citric acid, &c., and these are called *refrigerants*, or cooling medicines, because they take away the heat of the body. But the most powerful medicine of this kind is antimony, of which there are two preparations well known, as James's Powder, and the Tartarized antimony, or Emetic tartar. These are very powerful remedies, for the emetic tartar does not merely act upon the skin—it also, according to the dose, produces perspiration by exciting nausea, or sickness, and purging; thus it becomes a powerful agent in checking inflammation. If the tartarized antimony be given for the purpose of producing perspiration, a quarter of a grain every four hours will excite it, and keep up a state of nausea;—half a grain produces sickness. When it is thus given in sufficient doses, you will find the action of the venous and arterial system greatly reduced by it, and perhaps there is no better mode of doing this, particularly when its use has been preceded by the more powerful means of bleeding. The pulse is exceedingly reduced in number and force under the state of nausea; in fact, so reduced, that the patient is brought, as we say, almost to death's door. This is particularly seen in the case of persons who go on board ship: they are violently sick—what is elled *sea-sickness*—they lose all power, and lie as if they were dead. In this way, then, emetic tartar acts by directly checking inflammatory action. This medicine, that is, emetic tartar, is made use of by the Italian physicians, not in grain, or half-grain doses, but to the extent of a scruple to a drachm and a half, and they say it does not, in these quantities, cause either vomiting or purging, and though frequently the first dose does so, yet after this the stomach receives it without repugnance, and in many cases it reduces inflammation without producing any evacuation, either from the stomach or bowels. I have in many cases tried its effects in this way, by giving a grain and a half, repeated every two hours, and after eight or ten doses I have increased it to two grains; and in these instances I have found its effects to be as above described. In many cases of inflammation, particularly of the chest, and in violent phrenitis, its exhibition in this way has saved the loss of blood to a very great extent.

Another remedy of very considerable power in the treatment of inflammation, though it operates in a different manner, is *mercury* in its different forms, epecially *calomel*. It has long been ascertained by general experience, that the exhibition of calomel, after direct depletion, has a favourable effect in checking the progress of inflammation, in expediting the recovery of the patient, and in preventing those changes of structure which frequently result from inflammatory action. Thus, we may say, that after employing the lancet freely, and after the complete emptying of the alimentary canal, the administration of calomel in doses of from two to three or five grains, every six or eight hours, has had a much better effect than if the general plan had been pursued. Upon observation, you will find that it has the power of changing the nature of the actions, and thus expediting recovery. In this point of view, it will of course be found an interesting matter to inquire how this end is accomplished. In the exhibition of calomel in inflammation of the iris, we see how its effects are produced. The inflammation of the iris is accompanied by effusion of lymph upon its surface. We find that by the exhibition of calomel, more particularly when the mouth becomes affected, the lymph is quickly absorbed. When I speak of calomel, I of course speak of mercury in general. Here, then, is clear evidence that it is by arresting the formation of lymph, and promoting its absorption, that these effects are produced. But the effect of this remedy is not confined to that particular form of disease; I only mention it as affording a proof of its effects in causing absorption, and as rendering it probable, that in other cases, particularly in affections of the larynx and trachea, where an adventitious layer of coagulated lymph is deposited, mercury affects its removal by this way. It is not improbable, then, that mercury has the power of arresting that morbid action of the capillary vessels, which produces a change in the structure of the parts when inflammation is going on to any extent. This, however, is a point which lies open for future observation; the exhibition of the remedy has not been tried in a sufficient number of cases, nor its effects been followed up by pathological observation, so far as to enable us to determine its exact mode of action; still there is great reason to infer that the effects which I have just described may take place generally.

These means taken together constitute what is called the *antiphlogistic treatment*—that is, treatment on a plan calculated to counteract the inflammation: and, when we speak simply of the general management as to diet, we call it the antiphlogistic *regimen*.

Various applications have been made to the inflamed part to reduce its heated temperature: these consist of lotions, or washes. They are used by taking soft linen folded together, dipping it into the fluid, then laying it on the part, and frequently renewing it. The effect of this application depends, not on the mere circumstance of applying cold, but upon its being applied in such a way that the fluid may be evaporated from the surface of the part. Evaporation is a very powerful mode of producing cold. Hence the liquids used are frrquently called *evaporating lotions*. It is of importance that you should take care, when you use these liquids, that they are so employed as to admit of evaporation, and not as I have frequently seen them used, the affected part being placed under the bed-clothes, in a kind of warm bath. When thus employed, it is not surprising that nothing is effected by the application. For the purpose of producing cold in this way, we used cold water, iced water, vinegar and water, rose water, and very often a solution of sugar of lead. This last has been a very favourite remedy in reducing inflammation, and has been supposed to produce its effects by some sedative quality which it possesses. Thus we continue to use Goulard wash, or the saturnine lotion, though we do not regard it as deriving its efficacy from this circumstance. Sometimes other things are added to increase the evaporation. Spirits of wine may be employed in conjunction with rose water, in the proportion of two ounces to six. When we wish to reduce the temperature of the part still further, we apply ice to it, roughly powdered, and wrapped in a cloth, or put into a bladder. Such application is, of course, at a temperature of 32 degrees; and if this be kept on until it is melted, the effects are very striking, particularly when applied to the head, in cases of determination of blood to that part. If we apply cold spring water in a bladder, and renew it, we shall find that the temperature of the head will soon be much reduced. Even when considerable excitement exists, the patient will begin to find the cold very uncomfortable, and wish it to be removed; in fact, it soon produces such pain that he cannot endure it longer. An aged patient requires warmth; and there are many instances where warm applications are found more beneficial, as well as more comfortable to the feelings of the patient, than cold ones, and we are of course accustomed to accommodate the remedies employed, as much as we can, to their feelings and

wishes. For this purpose we use warm fomentations, as flannels dipped in warm water, sometimes in medicated water; these being laid upon the affected part, and renewed as required. When fomentations are applied to a considerable surface of the body, as the chest, and decoction of poppies or camomile flowers are employed, they may be put into a rough towel, and laid upon the part. They will thus produce warmth and general perspiration over the whole frame. There is no invariable rule which we can lay down for the choice of warm or cold applications; but we may say generally, that cold is best in superficial inflammation and in the incipient state; but when it is fully developed or seated under the surface, not in the skin, warm applications are best.

When new diseases are produced, those which existed previously become diminished, or entirely disappear. If a person has a violent inflammation in the urethra, and the testicle becomes affected, the former disappears. If a child has an inflammation of the eye, and the ears break out into sores, the former gets well. It has been attempted to imitate this process of nature by producing an artificial or new disease, to lessen that which already existed. This is called *counter-irritation*, and sometimes *revulsion*. Counter-irritation means opposed to irritation—revulsion is from the Latin word *revello*, to draw away; it is thus used under the idea that the new disease draws away that which previously existed—the words, therefore, are of analogous meaning. This object is mostly attempted to be accomplished by blisters; but these are not the only means employed.

In a case of active inflammation in its full development, which has not been checked, the disease cannot be stopped by blisters; they will only add to the irritation, and increase the patient's suffering. Blistering, then, is not to be employed while local irritation is at its height, but after depletion and the other means already described have mitigated the local disturbance, this will assist in its removal. Blisters are also applicable when we wish to recal inflammation to a part which it has quitted, to fix itself on another part more important; especially on some internal organ, as in cases of gout and rheumatism. It may be doubted how far this is beneficial where inflammation has passed from an external part to an internal one. It may be best to attack it vigorously in its new quarters.

The means specified as proper to be employed in cases of local inflammation, may be continued and repeated until the inflammation is removed, or a milder course may be adopted. according to the circumstances of the case, till the functions of the part are restored; and the patient may gradually be permitted to return to his ordinary avocations.

But it will be necessary still to pay attention to the bowels and diet. Mild opening medicines should be administered, and the diet should be light, and in small quantity. Patients place a considerable part of their delight in eating and drinking; and when they have been for some time deprived of this pleasure, they wish to get back to it, and recommence stuffing as soon as they can. They have a longing after the "flesh-pots;" and the medical man often seems to think the enjoyment of them to be as important as does the patient himself. But it is very important that this should not be allowed, as it frequently occasions tedious convalescence, and often causes relapses. Dr Baillie has stated, that almost all relapses in cases of inflammation may be attributed to a premature return to the ordinary habits of eating and drinking.

The regulation of the digestive organs is of much consequence in the treatment of chronic inflammation. We must clear out the alimentary canal, and adopt such means as will keep up an active though not violent discharge from the bowels; that is, without producing purging. There are a great many medicines which have the effect of purging, but in different cases we must select those which are most applicable. In such cases as we speak of, the neutral salts, at short intervals, will suffice, as we do not want in chronic inflammations to reduce the powers, but merely to obviate that disturbance in the system which the retention of fæces would occasion, and to prevent accumulation. There are substances which act particularly upon the large intestines, such as aloes and colocynth. These, in moderate doses every day, or every other day, are to be employed, and with them may be combined mild mercurial medicines, for the purpose of altering the state of the secretion in the alimentary canal. We see that when the colour of the fæces is unnatural, the exhibition of mercury, in small doses, alters it, through some effect upon the liver. Calomel or blue pill, with compound extract of colocynth, or extract of rhubarb, are useful.

When the tongue is very foul and loaded, and the discharges from the bowels are dark and unnatural, it is frequently advantageous to give an emetic, or to administer antimonials, in small quantities, as a few grains of James's powder, with calomel or blue pill, at night, and infusion of senna, with salts, in the morning. We cannot altogether explain the advantage of combining them, but we find when they are combined together they produce beneficial effects of which they are not capable when given separately.

After clearing out the alimentary canal, it is expedient to administer mercury in the *alterative* form, that is, in small doses, continued for some time. Five grains of the blue pill, or of Plummer's pill, or a grain or two of calomel, may be administered at bedtime every second night, and some aperient medicine may be given in the morning. I have mentioned aloetics: and you may give the compound decoction of aloes in the middle of the day, or a little before dinner. In elderly or debilitated persons, you should generally select warm purgative medicines: and under such circumstances, the tincture of rhubarb, with tincture of senna, also forms a good purgative.

It is absolutely necessary, in the treatment of these cases, to attend to the diet of the patient; it is quite as essential to regulate that as to determine the surgical treatment. Indeed, if you content yourselves with prescribing the surgical means, and leave the patient to regulate his diet, he will do more harm by what he puts into his stomach than you can do good by the medicines you administer; in fact, you will be beaten. During the existence of such inflammation, fermented liquors are improper; and animal food should only be taken in small quantities, and at stated periods. Broths, bread and milk, and the various farinaceous articles, are such as should be taken; that is, what is between the low diet of fever and the full diet of health. When the local excitement is completely stopped, and the general disturbance has ceased; when the tongue is clean, and when, in fact, the patient is well, he may return to his common diet, but not before.

MEDICAL GOSSIP.

THE STUDY AND PRACTICE OF MEDICINE.

Medicine is the study which, taking it on its own merits, and not merely with reference to the chances of fortune afforded by it, one would be disposed to choose, had one to begin the world anew. It in a manner embraces all the pursuits which a liberal-minded man delights to have an excuse for flying to; but which are, for the most part, incompatible with other professions. No branch of knowledge comes amiss to the medical man, and the studies proper to the profession are themselves delightful. Physical science, the chemical sciences, the structure of man, the philosophy of mind, both physiologically and metaphysically considered, the philosophy of social life in former ages as well as the present, the affections and passions in connexion with their influence on health—all these are not merely objects of thought in which the physician is licensed to indulge, they are also necessaries in the formation of that enlarged understanding and nice discernment which enable him to appropriate specific remedies in novel cases, which qualify him, under Providence, to be the friend and helper, and not the less the practical monitor of man. The very presence of the physician at one's bed-side is, in nine cases out of ten, an admonition—a remembrance of past follies, or obstinate vices, of impious frustrations of our Maker's work, in blind reliance upon that health and power of physical endurance which His benevolence has given us. For if it were enough only to possess this finely-tempered frame, with the consciousness of death as the penalty of the slightest over-tension of the chords of the lyre; but how far more divine is that goodness which gives us a kind of licence, as it were, from forethought of the likely weaknesses of so delicate a machine, which allows us to tamper with health, in the indulgence of slight follies, and wins us back again to reason and virtue by the gentlest warnings—warnings so skilfully adapted to the extent of the error! To enforce these mild lessons of the divine wisdom—to become the expounder of the great texts written in the Book of Nature for the governance of the body, as the pastor expounds the moralities of the soul—is the happy province of the physician, who ennobles and renders holy his high calling. And when, to the consciousness that he is educating the passions of his fellow-creatures by enforcing the lessons of prudence through the experience of suffering, he adds this other—that he is also alleviating that suffering, and restoring to health and active life his patient—for whom, because he has witnessed him in his humbled state, when the virtues emerge from under the now untinselled vanities which had weighed them down, he feels a regard something higher than mere human love—great and glorious is, indeed, his consolation! And if there be a state of things to justify in man a noble pride, surely his must be that justification, whose appointed task it is to walk through the world beside the minister of religion, his fellow in the holiest occupation in which Christian men can be engaged; and who is entitled to say, "You, the other ministrants to human wants, are but the agents of man's evil passions, or at least are doomed to the endurance of partial wrongs in your efforts to attain to partial rights; but it is our glorious province to fulfil the great behests of God, to become man's guardians upon earth—to aim at the attainment of good alone without one baser alloy!" Such may be the elevated hope of the physician: such, undoubtedly, is the advanced claim of the divine. In the present imperfect state of society, neither is able to fulfil their creditable intentions. But let us at least give them credit for the endeavour, and claim for them this admission—that whatever may, in the gradual perfectuating of human affairs, be the fate of the other professions, they at least must advance. And should the day ever arrive when the physician shall be no longer required—a dream almost too flattering for even human perceptibility—he at least can look back to an unblemished past of good intentions, and can at last merge into the great universe of happy human beings, with the consciousness that his duty has never called upon him to "do evil, that good might come of it."

J. A. Heraud.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Army.—62d Foot: Assist.-Surg. H. Mapleton, M.D., from the Staff, to be Assist.-Surg., vice Carr, who exchanges. Hospital Staff: To be Assist.-Surg. to the Forces, Assist.-Surg. G. Carr, from the 62d Foot, vice Mapleton, who exchanges; T. H. O'Flaherty, Gent., vice Twining, deceased.

St Thomas's Hospital.—Dr Roots has resigned the post of Physician, and has been succeeded by Dr Lister, the Assistant-Physician. Dr Barber has been elected to the office of Assistant-Physician.

Obituary.—Died, on the 29th of May, on his passage from Calcutta, George Stubbs, Esq., Surgeon in the Hon. East India Company's Service.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.
THURSDAY.—Operations at St George's, at one.
FRIDAY.—Operations at St Thomas's.
SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

DR GRAY, *of George street, Portman square—received, of course in confidence; Mr Calten, Mr Marson, as soon as space permits. We were acquainted with both, We feel obliged by the good feeling evinced by our Correspondent.*

A. MANN *is no man to write scandal of his neighbour.*

TRICHO KRATEION.—*We have seen a pomade with this outlandish name, said to be prepared by a Surgeon—one Mr Foote—but hope it is a weak invention of some designing quack to cheat the public, under the authority of an F.R.C.S. Degraded as some of our profession are, we trust they still profess sufficient amour propre not to wish to be again classed amongst* Barbers *and slaughterers of* Bears.

A. B.—*We intend to give anecdotes of the past as well as present career of many eminent practitioners. We also propose to lay bare the causes which have led to the rejection at the College and Hall of many imprudent students. We regret to say we have numerous examples.*

DR ELLIOTSON.—*Space prevents us from inserting in this number Censor's continuation.*

A Series of Reports from the continental Hospitals will appear regularly in our columns as soon as our arrangements are completed.

VINDEX.—*We shall not only be happy to insert the Essay alluded to by our Correspondent, but shall be glad to receive papers from our readers which may have been read at any of the medical societies, reserving of course our own judgment as regards their insertion.*

SENEX *has our thanks. It is our intention very shortly to publish the life, parentage, and* education? *of every advertising* empiric *in Great Britain, with an analysis of their poisonous nostrums—This of course will include Messrs Morison, Salmon, Eady, Jordans* (alias Le Dray), *Curtis, Perry, Mulready,* et hoc genus omnis.

E. L. *received.—We are not ignorant of the doings of the* "junta" *at St George's Hospital. We shall soon expose the malpractices of the party alluded to.*

H. W. D.—*We shall be happy to receive the "Recollections."*

ADMIRATOR.—*We refer this friend to the announcement of the intended enlargement of* 'THE MEDICAL TIMES.'

Mr Wakley's letter came too late for insertion.

MR CRISP *is not forgotten. The pear is not quite ripe.*

W. A. B. *Thanks.*

A ST GEORGE'S STUDENT'S *report of the "stone case" is clever. Why not send earlier and more frequently?*

PROFESSOR GRAHAM *complains that the gentlemen of the chemical class at the London University College spend their time in anything but a manner becoming Students of such a school, "by their continually clapping, hushing, laughing, drawing caricatures, and making a post-office of the theatre, distracting the attention of those desirous of profiting by the instruction given," and further, "Were they only to consider how childish, schoolboyish, and un-student-like behaviour it is, that they would desist from so foolish a practice," concluding with a hope "that this may meet the eye, and at the same time strike the conscience, of some of them."*

The mortality among the troops at St Vincent's would seem, by recent accounts, to be very great. There were no more than 270 stated to be in the garrison. The accounts from Demerara, too, exhibit sickness as continuing with unabated violence among the troops there. Three hundred and fifty-five deaths had occurred within the last six months in Georgetown, in consequence of the severity of the drought and rains.

THE MEDICAL TIMES.

OUR PROSPECTS AND INTENTIONS.

SURROUNDED by the cheering influences of success it becomes a pleasant duty to speak of what our readers have done for us, and of the return we are about to make in recompense of their unqualified support. Assuming a new position, and following a novel course, the judgment that urged us to the career has proved itself correct. In our first number we proposed to give everything interesting to the medical reader,—the latest discoveries in science—the lectures of the best and most eminent of our public teachers—familiar sketches of the more prominent medical professors and practitioners—the passing gossip of our hospitals and schools—lists of those who were entering the profession, who received appointments, or were promoted—reports of clinical lectures, more especially those delivered by the College Examiners—analyses of new books—reports of hospital cases, as well as interesting ones occurring in private practice—an exposition of quackery, professional and non-professional—in short, a digest of all that might occur of a character to interest, either the student in the hospital, or the practitioner in the active exercise of his profession. To these intentions were superadded a bold determination to purify the noble science of medicine from the excrescences that disfigure it—to lop off the unworthy parasites who, under pretence of supporting the fabric of the profession, fatten themselves at its expense. With the war-cry of MEDICAL REFORM, we hastened to do battle against the Monopolists and the Quacks.

With such intentions we commenced our career, and the support we have received convinces us that a persistance in our determination is alone requisite to fulfil our most ardent wishes. But we have been much cramped for space. Valuable reports have been excluded because they would have occupied too many columns. Cases were inadmissible in consequence of their length, and many papers from the expensive Quarterlies, as also from the Foreign Journals, could not, from want of room, be admitted to our pages. The increasing number and growing importance of the Medical Societies also claim greater attention, and these facts, combined with some further extension of our plans for deserving the support that has been been awarded to us, has induced us to effect a

PERMANENT ENLARGEMENT OF THE

MEDICAL TIMES,

to commence on the Sixth of December, when we shall add

TWELVE MORE COLUMNS, WITHOUT ANY INCREASED CHARGE.

This enlargement will, of course, allow a more extended field of usefulness. That this may be fully exerted a distinct office in the neighbourhood of the other newspapers has been engaged, together with a more extensive corps of contributors. Arrangements are also in progress for issuing a

STAMPED EDITION OF THE MEDICAL TIMES, FOR CIRCULATION POST FREE.

For the stamped copies the price of the stamp will be charged additional, which will, of course, make this edition to all intents and purposes

A MEDICAL NEWSPAPER,

price Fourpence. Additions will likewise be made to the features of the Journal. The Medical Portraits will include not only London professors, but those of Edinburgh and Dublin, not forgetting the provinces. Paris and Germany will not be overlooked, and we shall in our first enlarged number commence a series of

VELPEAU'S CLINICAL LECTURES

translated expressly for THE MEDICAL TIMES, as also a continuous series of translations immediately on their publication abroad of the

BEST PAPERS FROM THE FRENCH, GERMAN, AND ITALIAN MEDICAL JOURNALS.

For all these new features, the enlargement of THE MEDICAL TIMES will afford space, as also for the admission of advertisements, which will, however, as heretofore, be of a select character, no empirical notices ever being admissible.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CLINICAL OBSERVATIONS BY MR GUTHRIE ON INJURIES OF THE HEAD.

THE symptoms of compression are better understood than those of mere concussion. There has been much discussion whether the brain were really compressible. The ultimate molecules may not be; but it is difficult to understand that a structure permeated with blood-vessels, and perhaps absorbents, is not susceptible of some degree of condensation. A certain aggregate of symptoms is pretty surely indicative of compression, though individually very fallible: for their occurrence it would be difficult to account. Stertor, which depends on deficient action of the muscles of the velum palati, is usually looked on as a marked symptom: it is, however, often wanting in the most fatal cases, where there is usually slight blowing respiration from the corner of the mouth. The stertor of apoplexy is of much more regular occurrence. The old surgeons affirmed the pulse to be slow and laboured invariably; but in many cases of extensive effusion Mr Guthrie had found the pulse above 100, and even as much as 140. He would, however, acknowledge that in animals, when the brain was exposed, pressure thereon had always the effect of rendering the pulse slow and laboured; and in many cases where accident had given rise to a similar injury in the human subject, a like result was obtained. To affirm that the pupil is constantly dilated is likewise a mistake, for the patient may die without its having occurred. It is probable that the pressure must have a peculiar relationship to the nerves of the eye to paralyse the iris; and yet we find the motion of the eyeball perfect, even with a greatly dilated pupil. A person labouring under severe compression may continue partially sensible and be roused to answer questions, as was the case in an instance lately adverted to. Vomiting is a symptom allotted to concussion, which, however, Mr Guthrie has known occur on removing osseous fragments which had been driven into the brain. Convulsions constitute a dangerous symptom, and, when in combination

with the peculiar blowing respiration before alluded to, recovery was not to be looked for; they are strongly indicative of cerebral laceration—not that primarily occurring at the margins of the anterior cerebral lobes, but that which was consequent on ramolissement of the substance of the brain. Let us instance cases to distinguish the line of procedure to be adopted. Suppose a severe blow received on the side of the head, a short distance above the ear, where we find a contusion; there is stertor, slow, laboured pulse, dilated pupils, and paralysis of the opposite side of the body. At the spot where the injury has been received, we know the anterior meningeal artery runs on to the parietal bone, which, if lacerated, would occasion the effusion of blood, generally external to the dura mater. We have every right to believe the existence of compression. We should therefore enlarge the incision through the scalp, and if we find a fracture even without depression, we are justified in trephining after abstracting blood. If the membrane of the brain does not rise into the opening made by the trephine, the patient will in all probability die. But if, on the contrary, no fracture can be discovered, even with the above symptoms, the nature and locality of the injury being uncertain, no operation can be resorted to, but the ordinary treatment of apoplexy must be adopted. Fracture of the base of the skull is by no means constantly indicated by bleeding at the ears, though it usually accompanies that injury. Many authors, especially the French ones, have spoken much of what is termed fracture by contre coup, which they say happens in consequence of a shock received at a part distant from that where the injury accrues—one part of the head struck and another fractured—or even the injury to be occasioned by falling on the feet, or any part of the body. Mr Guthrie has heard of such accidents, but never had personal cognizance thereof, and cannot therefore believe in their occurrence. This he considers may happen, which is particularly referred to by Pott: the reverberation of a blow may occasion rupture of the vessels of the membranes of the brain on the opposite side to that struck. Inflammation will consequently ensue at the seat of the injury, followed by albuminous effusion. Where a soft tumour appears as an immediate consequence of a blow, which, from being softer in the centre than at the edges, often gives the sensation of depression, it is of no consequence: as it consists merely of effused blood, it should on no account be opened, but merely have a cold lotion applied. Should, however, a swelling appear in a different situation from that of the blow, and many days subsequently, accompanied by sickness and the various symptoms of cerebral affection, it is a very different matter. An incision should be made down to the bone, from which the pericranium will be found detached, and it will present an ashy hue, very different from the red colour found in healthy bone: it will not bleed when scraped. The bone is dead. On raising it with a trephine matter is found beneath, detaching it from the dura mater. In such a case we can only say that the patient may escape. Strict antiphlogistic treatment must be adopted.

GUY'S HOSPITAL.

CLINICAL REMARKS ON STRICTURE, BY MR BRANSBY COOPER, DELIVERED WEDNESDAY, NOV. 13.

Gentlemen,—I need scarcely say anything on the importance of the subject of stricture, as an excuse for bringing it before you to-day for especial attention. These cases are so frequent, that there is not an hour in the day a surgeon is not liable to be called on for their relief; and the effects they produce are such, that a most intimate knowledge of his practical duties is necessary, as on him will depend the immediate relief of his patient on the one hand, or his probable destruction on the other.

The first case to which I shall allude is that of a man named Luddell, who was admitted on the 23rd of October, and now lies in Philip's ward. About six years ago, as an effect of a debauch on an old gonorrhœa, he had frequent desire to make water, contraction of the urethra, and difficult micturation. He was relieved by the catheter, and remained free from the return of the complaint for two years, when, after another debauch, the same symptoms returned, and he was again relieved by the catheter.

Here you see proof that stricture is not merely a mechanical disease, for with the same mechanical condition of the parts, the general health being good, this man was little inconvenienced; yet so soon as constitutional disturbance was set up by excess, retention of urine came on. Indeed nothing is more common than to hear persons who have long suffered from stricture say, "Oh! I should like some of that brandy and water, but I dare not touch it." They know it would aggravate their complaint, and probably produce dangerous symptoms. A great point in the treatment, then, is to discover when the danger is produced by constitutional and when by mechanical causes, and to adopt the means of relief accordingly.

To return:—the stream of urine gradually decreased, and twelve months ago he went into the London Hospital, where the canal was injured by the means used, and all his symptoms aggravated. For the last month the urine has passed *guttatim*. He is pale and anxious, and his constitution is broken up. The catheter could not be passed, and I accordingly insinuated the point of a sound for a little distance into the stricture, which is situated at the commencement of the membranous portion of the urethra. Some blood and mucus followed its introduction. We ordered him a mixture of magnesia with vinum colchici. By the 31st the sound was passed every second day. The catheter caused much pain, and was omitted. The drops of urine followed each other much more rapidly than before; but otherwise, as yet, we have not succeeded in doing much good.

I told you I could not pass the catheter. On endeavouring to do so, however, I found that I could bring the instrument to a right angle with the body in a horizontal position. When this is the case, it indicates that the obstruction is beyond the bulb, and that the beak of the instrument is behind the arch of the pubes. Under these circumstances it can generally be passed on into the bladder, and it is the most favourable position for forcing a stricture, as, by introducing the finger into the rectum, you can direct your sound where you please. If, then, forcing is ever justifiable, this is the case for it; but as, on using what I considered a due degree of force, I could not succeed in getting the catheter through, I followed a practice recommended by high authority, that of Dupuytren, and attempted the cure by subjecting the stricture to a degree of pressure from the point of a sound. The object is to produce a degree of irritation, and consequent softening down of the stricture. A good deal of discharge comes on, and the urine flows more readily. If the instrument alone does not effect this, caustic will do it. When softening has occurred, the stricture more readily yields to mechanical means. There is a false passage in this man's urethra, caused by previous forcible efforts. It is to the right side, just at the connection of the urethra with the bulb; and were there no other reasons, this would prevent the repetition of such attempts.

In the next case we have not done much good as yet, except in improving the general health. The man's name is M'Cartha, age thirty-nine, also in Philip's ward. He has a stricture about two inches and a half from the meatus. Now this is a situation much more unfavourable for the application of force than the last, as is also any part of the urethra anterior to the bulb. If you use any violence to strictures in such situations, you will be almost certain to tear the mucous membrane. Small instruments are particularly dangerous; they are much more liable than larger ones to pass into one of the lacunæ, and if then passed they push the membrane before them, and of course lacerate it. Thus number 4 or 5 is a better size than number 6; but as I see some gentlemen are taking notes, I must inform them that, if they ask for number 6, they will get an instrument twice as large at some makers', as at others. The one I recommend is about the size of a small quill.

It is all very easy for me to say these cases are unsuitable for force, now that force is not required. But suppose you had a case of retention of urine with such a stricture, and retention is liable to occur in either of these same cases, what would you do then? Why, I had a case of this kind about a fortnight ago. A gentleman who had for some years been subject to stricture, was invariably seized with retention of urine after any excess. Some time since, in one of these attacks, the catheter was passed, and caused so much suffering that he was very unwilling ever to allow a similar attempt. I found him in great distress, with a bladder much distended, and found it impossible to pass a catheter. I then bled him, had the lower bowels well emptied by an enema, gave doses of calomel and opium, and kept him in a warm bath, which had, after some time, the effect of so diminishing the irritability of the passage, that I was enabled to draw off his urine before I left him. Since then I have gone on gradually passing larger instruments, till he now bears a full-sized one. He makes water in a fuller stream than he has done for years, and is so satisfied with his state that he wishes to be left as he is. But there is still the greatest irritability in passing a bougie; it is most firmly grasped by the excited strictures, and causes much pain.

Mr Cooper then read notes of the history of M'Cartha's case, which was simply that of an old stricture, and proceeded.

This man's stricture is a very irritable one; there are severe rigors, some bleeding, and a good deal of pain when bougies are passed. I mention this to point out caustic as an infallible remedy. It is in this class of cases it is principally useful. I tried a new remedy with this man, and it answered well. It was injecting a solution of extract of belladonna, dissolved in an ounce of distilled water, by means of a syringe with a very long nozzle, so that the fluid was applied some inches down the urethra. This had the effect of greatly lessening the irritability of the parts, and he always made water more freely after its use.

The constitutional remedies to which I alluded will very often suffice to relieve a patient from retention of urine caused by a stricture, as the mischief depends on general disturbance of the system aggravating the mechanical condition of the urethra. But if these means do not answer, what then? Would you force the stricture? Now, many men will advocate this and practise it, and sometimes leave a patient with great *éclat*. But I would recommend you, after having used what your own feeling will tell you is a due and safe degree of pressure, rather than to go on pushing and thrusting, with the danger of lacerating the urethra, to open it behind the stricture, through the perineum. This is a very easy operation in cases of retention of urine; you have only to divide the integuments and superficial fascia of the perineum, pass your finger just behind the pubes, tell the man to strain as if he were trying to make water, and you will feel the urethra bulge up against your finger from the urine rushing in. You have then only to pass your knife in, and out gushes the urine. This is infinitely less dangerous, and the suffering it causes is trifling compared with the attempts at forcing a passage. However, I should speak of it more properly after noticing the next case in which I performed the operation. You will think I am fishing for a compliment, but it was not so easy, there not being retention. You should all practise it in the dissecting room (the incision will not injure the parts for dissection), and practise passing a female catheter through the incision into the bladder. It is much more difficult in the dead subject, the parts all being so lax; but this will only impress the right direction more strongly on your mind.

Don't run away with the notion that whenever you have an impassable stricture, you are to cut into the urethra behind it. No general rule will apply to all cases. In the two I have just noticed it is unadvisable. And why? Simply because they are suffering from constitutional derangement. M'Cartha has been in India, and I believe had the ague of the country. I think of giving him quinine, to try whether his rigors, which return at regular intervals, are idiopathic, or whether they arise from the effects of the local disease.

William Godding, age twenty-one, a bricklayer, in April 1836 was knocked down by a horse, and the wheel of a cart passed over his thigh and pelvis. The immediate effect was bruising of the soft pa

and retention of urine. This was removed by the catheter. Incontinence followed the urine passing *guttatim*. [Mr Cooper continued the history of the case till August 1839, when he was admitted into Guy's.] He then passed the urine in a small stream, but had a command over it. The stricture was very narrow. Caustic bougies were tried for six weeks, then the pressure by the point of a sound for six weeks, and then medicines were tried, but all with no effect. On the 9th of October I performed the operation I have just described to you: a catheter was introduced into the bladder, and lint into the wound. Soon after he was carried to bed, the dresser was called to him, and found a large coagulum of blood in the bed. Hemorrhage had also occurred into the bladder, which contracted, and expelled a very large coagulum and some urine. A freezing mixture was then employed, and the wound plugged with lint, and pressed with the finger. The lint was forced out, but Mr Callaway succeeded in stopping the bleeding by a sponge dipped in a solution of alum. By the 6th of November the wound was closed, and now he can retain a full-sized gum catheter, so that the cure has been a very successful one.

This was a traumatic stricture. How was it produced? Oh! you'll say, the membrane was ruptured, lymph was effused to repair the injury; this subsequently contracted, and produced a diminution in the canal. Well, this is all very pretty, but why does not stricture follow lithotomy? I have seen above a hundred operations for stone, but I never saw a stricture produced, and I don't think it has been satisfactorily explained why this occurs so rarely, and yet almost invariably follows any rupture or laceration of the urethra.

A catheter was passed soon after the accident. Now, after a rupture of the urethra, it is not sufficient simply to open the passage, but its size must be maintained by passing bougies for a good length of time after convalescence. Had this been done, it is probable I should never have seen this man.

In a case of retention of urine with an impassable stricture, you open the urethra through the perineum, and let off the urine; but this only affords temporary relief. You should pass a sound down to the stricture, and when you have opened through the perineum to the urethra, feel for the sound; then cut into it, and so divide the stricture. You can then pass the sound on into the bladder, and thus the natural passage is restored, which must be maintained as I told you. If you simply let off the urine, you only afford temporary relief; but by also dividing the stricture you complete the cure.

Stricture is permanent, spasmodic, or mixed, and you scarcely ever have a pure permanent one, all being subject to spasmodic increase. The urethra is an organ subservient to two different functions, urinary and generative. In the former it is merely a passive organ, acting the part of a syphon in transmitting the stream of urine forced into it; but under venereal excitement it becomes powerfully contracted; so that the power of the bladder, assisted by the abdominal muscles, cannot force the urine through it when under this condition. As a urinary organ it scarcely ever becomes the subject of disease; but in its other capacity it is exposed to morbid influences, and is in a condition to receive them. And further, from its irritability in this respect, it prevents the state of rest which is necessary to treat its diseases with success. I was in the army for some years, and we have never found any difficulty in curing the soldiers of gonorrhœa, but very much in curing the officers. We could keep the former under restraint, put them to bed, purge and give them tartar emetic; and I'll answer for it, very few suffered from chordee.

To conclude. When you have retention of urine, you will be guided by the circumstances of the case in your treatment. Constitutional means will succeed in many cases, in others surgical means are necessary, and where this is required, don't be led away by the *éclat* attendant on forcing a stricture. When you think you have employed as much force as is safe, don't say, "Oh! I'll have one more try," and give a push, determined to go somewhere. You may hit the passage, but if not, away goes the instrument, and your reputation along with it. Here are various preparations on the table, showing how liable one is to make a false passage. The operation I described is infinitely preferable. I have seen this take place. A surgeon enters a ward, followed by his pupils. A man is sitting by the fire.

Surgeon. What's the matter with you, my fine fellow?

Patient. Got a a stricture, sir.

Surgeon. I'll pass a catheter.

Patient. Oh! I'm sure you can't, sir; it's been often tried.

Surgeon. Oh pooh! *I'll* pass it.

And it was passed *somewhere*. The next day the patient was dead.

Once more—don't open the urethra in every case of impassable stricture; but you may lay it down as an axiom, that whenever there is an extravasation of urine, you should do so. If it has only taken place an hour ago the man will say he feels shivering and cold; something gave way, he was then a little easier, and on passing your hand to the perineum, it feels a little puffy. If it take place the night before, the scrotum will be as big as your head and black as your hat. In either case divide the perineum to make a passage for the urine, and if there is stricture, as I said before, divide that too.

CHARING-CROSS HOSPITAL.

CLINICAL REMARKS ON PERMANENT SPASM OF THE LARGE INTESTINES, DELIVERED NOV. 16TH, BY MR HOWSHIP.

Mr Howship remarked, that permanent spasm was a peculiar affection, which, as far as he was aware, had not been before properly comprehended, having been generally considered the result of organic change, of inflammation causing deposit and thickening, or specific action producing specific disease; but that a stricture always depended on such alteration of structure he had been able to prove erroneous. Mr H. made a post mortem examination of a gentleman whose physician suspected him to labour under ulceration of the bowels; he had long complained of abdominal tenderness, and other symptoms of that disease, and eventually died from colliquistive diarrhœa. The rectum, about eight inches above the anus, was found closely contracted; the calibre of the colon in its whole length was similarly affected, though in a somewhat slighter degree; the smaller intestines being much loaded. The preparation which was exhibited showed the mucous membrane of the rectum, at the part specified, puckered so as to be thrown into folds; the coats of the bowel were not thickened, and there was no infiltration between the tissues; the longitudinal fibres at the stricture were large and aggregated. This, then, was a case merely of spasm affecting the gut, and which may remain for years, giving rise to all the symptoms of permanent stricture from organic change. In this class of diseases, the fæcal matter being in a measure prevented from passing off, their retention causes great constitutional irritation, the patient dying from colliquative diarrhœa.

Shortly after the occurrence of this case, I was consulted, said Mr. H., by a man who laboured under a particularly inactive state of the bowels; he was generally awoke by the most terrible dreams, and started up screaming aloud, with violent palpitation of the heart—this happened regularly every night. The practitioner in attendance before, had been treating him for hypertrophy of the heart—his chest having been again and again cupped, blistered, and leeched. When I saw him, he complained of pain in the region of the sigmoid flexure of the colon, and suspecting a stricture, I ordered a warm fluid to be injected up the bowel, which the man said he felt pass the seat of pain, the latter becoming much relieved. I persevered in this plan for some time, with great alleviation of the symptoms. A year afterwards he died from inflammation of the lungs, when the heart was found in a normal condition, and rather smaller than usual. The sigmoid flexure of the colon for six or eight inches was exceedingly contracted. This then was another instance of permanent spasm producing all the symptoms of organic disease; but the most unaccountable thing was the heart-affection, and its strange symptoms.

Another case was one for which I had many years previously been consulted, not then completely comprehending the peculiar nature of this complaint; the particulars were similar to the last. The patient could never obtain more than two hours' sleep, his horrid dreams waking him at the end of that time.

Mr. H. prefers for the dilitation of a stricture, when within reach, a silver ball mounted on the end of a wire of the like material, and, to prevent the inclusion of any fold of bowel in its passage, he advises an injection beforehand of warm gruel so as to distend the gut. The ball produces little sensation after passing the anal sphincter, and cannot go beyond the sigmoid flexure of the colon; therefore, when the stricture is at that part, a necessity for the employment of a column of warm water instead is apparent, independently of warmth and moisture tending to relax spasm. When your patient experiences pain at this particular spot, you inject then warm water; slight uneasiness is felt; but when the stricture is passed, he is shortly relieved, though he still feels pain in other parts of which he had before the operation complained. The fluid is to be allowed to pass off after twenty minutes, and this plan is to be pursued every day; a main indication of amendment being the passage of flatus, which had only escaped previously by the mouth. In these cases there is always the accompaniment of great depression of spirits.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

GONORRHŒA IN OLD AGE—PHILOSOPHY OF SUICIDE.

November 16.—Mr Streeter, President, in the chair.

Mr Gregory Smith mentioned the particulars of a case of gonorrhœa in a woman ætat 62, which supported the opinion that an individual may communicate that disease to another, without suffering from it personally;—in other words, that a husband may impart it to his wife after connection with another woman, and yet he shall be free from it. The case furnished no other point of particular interest. A somewhat protracted discussion ensued, in which Mr Chancer, Mr Smith, Dr Johnson, and Dr Crowne took the principal part; the latter gentleman contending that both the syphilitic and gonorrœhal virus may be communicated in a dry state, and thereby accounting for many cases which have appeared anomalous and unintelligible.

Dr J. Johnson then resumed the subject of suicide. He was ready to stand by the classification put forth by him at the last meeting, and considered that every possible case of self-destruction was referable to one or other of the causes therein named. As to the first class, insanity, he would not dispute the point that the greatest number of suicides resulted from this. The temporary overpowering of thereason, by feeling or passion wrought to an excess, formed the second class of causes, and was by no means seldom exhibited. It had been by some considered as identical with insanity; but he (Dr J.) thought them totally distinct; for surely the woman who, after being seduced, and meeting at every turn with scorn, hatred, and disgrace, could not on reflection be set down as *mad* if she sought a refuge in the grave. The third and last class of suicides comprised those determined upon after long and mature deliberation, and after a cool yielding of the reason:—as instanced in Cassius (who deliberately threw himself upon his sword after he had lost a battle) in 'Anthony and Cleopatra.' In more modern times, the cases of Lord Castlereagh, Sir Samuel Romilly, and the Rev. Mr Colton, furnished similar examples. But there were certain medico-legal bearings in which this subject might be profitably considered? Suppose that a man plunges a knife into his throat, with the intention to destroy himself; that he misses the carotid artery and recovers. Would any one sign a certificate of this man's insanity, and commit him to a Lunatic Asylum? He (Dr J.) certainly would not. Again; suppose that a man, after making his will, disposing of his property in the most rational manner, in the next moment blows out his brains; according to the doctrine that every suicide is the consequence of insanity, his will may be invalidated. Coroners' Juries, the speaker observed, were too frequently disposed to give verdicts of *insanity*. He did not know that there was a greater injury inflicted on the community than this, being productive of the most unpleasant conse-

quences to families whose relatives may be suicides, and thought by many to be a disgrace. Latterly, however, the verdict of *felo de se* was becoming more common, a circumstance which indicated improving discrimination.

Dr Chowne observed, that the propensity to commit suicide was a national as well as an individual peculiarity: as witnessed in the Gentoos, who at certain seasons were in the habit of throwing themselves into the rivers of India, imagining such an act necessary to their honour, and to the propitiation of their deities. He fully concurred with Dr Johnson in the opinion that a person may commit suicide, being sane, and after legitimate and rational reasoning. When two persons determined on self-destruction, and proceeded in concert to effect their purpose, it was impossible, he thought, that they could be mad. Else why the regularity, the order, and the similarity of thought and sympathy they would, it is natural to expect display? The consumptive patient, who flatters himself that the glow on his countenance implies his progress towards health, whilst the disease is hourly undermining his whole system, cannot and ought not to be deemed mad. Insanity has been too commonly regarded as having incited to suicide, when it has had nothing whatever to do with it. A case some time since occurred of a man who had been arrested and condemned to die for some heinous crime, and who, fearful of not being reprieved, laid down the most coherent and nicely-devised plans for his own destruction, rather than submit to his sentence upon the scaffold. The time for his execution having arrived, and no reprieve granted he took the opportunity, whilst his keepers were away, of destroying himself according to the plans he had resolved upon, and he was found dead next morning in the prison. Now, no one could say that this was a consequence of insanity. The facts directly contradict such an assumption. Dr Chowne then directed attention to the following case, as forming a striking paradox in law:—A woman having been seduced, and given birth to a child, is deserted by her family and friends, nay, even by him in whom she had most confided—her lover: steeped, perhaps, in poverty, and finding existence under all the circumstance unbearable, she determines to put an end to the life both of herself and child; she accordingly has hardly destroyed the latter, when she is unexpectedly seized, committed to the Old Bailey, and hanged. Yet this woman would unquestionably be considered to be *insane*. Surely, then, such a punishment were cruel and impolitic. Dr C. had no doubt that a love of notoriety was in many instances a source of suicide. The disposition to commit suicide might also, he thought, be transmitted hereditarily, and lie dormant in the individual for a long course of time.

Dr Guy mentioned the particulars of two suicides which recently occurred at the Dispensary with which he is connected, and which were remarkable for some peculiarities of physical disorder under which they were committed.

The discussion was adjourned.

MEDICAL STUDENTS' ASSOCIATION.

November 14.—G. D. Dermott, Esq., president, in the chair. The discussion this evening arose out of a recommendation given in a recent number of the 'Lancet,' that the pupils, or a majority of them, should enter into a determination not to pass the examination required at Apothecaries' Hall until the Apothecaries' Company should be induced to make fresh rules for the profession. Mr Dermott was strongly opposed to such a course, and believed that if it were followed the consequence would be ruinous to the medical students, by reason of resistance to the law. He thought it very inconsistent that a proposition of this kind should emanate from one who, having a place in the House of Commons, had repeatedly pledged himself to introduce a measure of medical reform, and had nevertheless shrunk from doing so, even when he had the opportunity. Let him not, therefore, who had failed to do his duty within, now complain of a want of pressure from without. Mr Ayre directed attention to the fact that the charter of the Apothecaries' Company would expire at the end of the year, and Mr Dermott, whilst he bore testimony to the generally useful and practical nature of the examination to which candidates were subjected at Apothecaries' Hall, objected on principle to having the power of conducting it vested in a private trading company.

College of Physicians.—The following gentlemen have been added to the list since last year:—*Fellows:* Dr Gregory, Dr Cobb, Dr H. Davies, Dr Burrows, Dr Dyer, Dr Jeaffreson.—*Licentiates:* Dr Spear, Dr Lee, Dr Fitzherbert, Dr Hansard, Dr Roxburgh, Dr Black, Dr Andrews, Dr Yates, Dr Fraser.

Apothecaries' Hall.—Names of gentlemen who passed on Thursday, November 14:—James Robson, South Shields; William Braikenridge, Enfield; Philip Whitcomb, Salop; Thomas Yate, Madeley, Salop, William Jeaffreson, Framlingham; Robert Leadam Sleight, Hull; Robert Thompson, Mundford, Norfolk.

University of Edinburgh.—The vacancy in the chair of midwifery, occasioned by the resignation of Professor Hamilton, appears to have excited considerable interest among the profession in Edinburgh. The following gentlemen have already offered themselves as candidates to succeed him:—Drs Rentons, Thatcher, Kennedy, Simpson, and R. Lee, of St George's Hospital.

On Tuesday, at the *North London Medico-Chirurgical Society*, Mr Steddy read a paper 'On the Influence of the Atmosphere and its Changes of Temperature on Health, Life and Disease.'

At the *Abernethian Society*, Bartholomew's Hospital, an interesting paper was read on 'Phagedenic Ulceration.'

PROVINCIAL.

Fever to a great extent, and other fatal diseases, are now very prevalent in this city, caused principally by the long continuance of wet weather. At any time this state of things would be greatly to be deplored; but now, when all the medical charities are at a very low ebb, in consequence of the reduction of the number of subscribers to them, in anticipation of the poor-law tax, it is much to be feared that sickness, attended with calamitous results, will grow, for want of the usual means to arrest or relieve it.—*Cork Reporter.*

REVIEWS.

The Modern Treatment of Syphilitic Diseases, both Primary and Secondary, &c. By Langston Parker, M.R.C.S., Lecturer on Anatomy, &c. &c. Churchill.

It is cheering to see that men of science are bestirring themselves to rescue those branches of the healing art which have heretofore been seized as the rightful property of the empiric. Although John Hunter commenced the good work, and has been followed by numerous others, yet even now the subject of the nature and treatment of syphilitic diseases is far from being generally understood or agreed upon. Each writer has had an opinion of his own, and hence theory has too often taken the place of experiment and observation, and cases have been sought to support rather the peculiar views of the writer, than as data for the settlement of the general question at issue. This uncertainty has been advantageous to the quack. The thoroughfares of the city are still infested by their bills, the public prints polluted by the announcements of their nostrums and their catch-penny books. Mr Parker having no crotchets of his own to support, has worked with the laudable object of condensing the *result* of modern experience into a small tome;—he has consulted not only English writers, but also Desruelles, Cullerbe, Ricord, and several other continental *practical* authorities;—he gives a variety of forms for the administration of the various remedies;—and altogether, without anything brilliant in theory or startling in practice, has done some service to medical literature by supplying a very useful monographic manual upon a subject of every day importance. In this age of book-making this is no mean praise, and we have little doubt he will have the more substantial satisfaction of an extensive sale of his book.

A new Mode of Treatment employed in the Cure of various Forms of Ulcer and Granulating Wounds. By Frederick C. Skey, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, &c. &c. Pp. 85. Longman.

Mr Skey's treatise having now been before the profession some time, and the treatment he recommends—the exhibition of opium night and morning in average doses of half or two-thirds of a grain,—being in very general use, it is almost unnecessary to refer to his book, further than by recommending any who may not have seen it before to peruse it at once. We have ourselves seen Mr. Skey's treatment followed by the best effects, and although we are aware that he has had several fierce opponents in more meanings than one, we feel inclined to award him considerable credit for his treatment of ulcers; satisfied that the pursuance of it may often be the means of preserving a limb,—no trifling consideration to those surgeons who prefer the satisfaction of avoiding the use of the knife to the temporary *eclat* which accompanies its exhibition—an *eclat* which is earned in London by certain surgeons at a fearful sacrifice on the part of their patients.

BOOKS RECEIVED FOR REVIEW.

'Fallacies of the Faculty—being the Spirit of the Chrono-Thermal System.' Lectures 1 and 2. By Samuel Dickson, M.D. London: H. Balliere, Regent Street.

'Gatherings from Grave Yards, particularly those of London, &c.' By G. A. Walker, Surgeon. Longman.

'Manual for the Exclusive Use of Medical Students.' By Mediculus. Moore.

'Hunter on the Uncertainty of the Signs of Murder in Bastard Children.' Edited by Dr Venables. Moore.

'The Surgical Anatomy of the Arteries, and Descriptive Anatomy of the Heart, &c.' By Valentine Flood, A.M. M.D., &c. &c. P p. 237. Highley.

Sydenham College.—On Friday, November 8th, after Dr Barnes concluded his lecture, he addressed the class as follows:—Gentlemen,—I dare say all of you have read in that spirited journal, The Medical Times, a paragraph respecting my diploma. (A laugh.) Now I have no complaint to make against that publication, (hear, hear, hear,) for I am an advocate for freedom in writing as well as in speaking. All I wish to say is, that the paragraph in question was sent by an *unmarried* gentleman (a laugh), and that very person requested to be informed, previous to the appearance of the paragraph, *how he* could procure a diploma without *mental* exertion. (Cheers.) Therefore, I think he might have been satisfied with my answer, without making his request so *public*. (Laughter.) Now the talented Editor of The Medical Times, (and I hope you all read that journal, for independent of its lighter literature it contains much valuable information,—I have only to instance the admirable article called 'Aldersgate General Dispensary,)—he dishonoured himself by becoming a candidate for the office of physician to that ignoble institution. Yes; this *is* the man whom the profession and yourself consigned to infamy, and now he is emblazoned on the pages of 'The Lancet' as a fit and proper member of the Medical Association. We expect shortly to see Caswall, Wyatt, and Co., the other "candidates for notoriety," placed before the eyes of some 1,300 readers of that journal to disgust them:—*Dr Rowley! elected unanimously a Member of the British Medical Association! Fah!* Does Dr Webster know this man?

ADVERTISEMENTS.

Just published,

GATHERINGS

FROM

GRAVE YARDS,

PARTICULARLY THOSE OF LONDON.

With a concise History of the Modes of Interment among different Nations from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of Inhuming the Dead in the midst of the Living.

By G. A. WALKER, Surgeon.

London: Messrs Longman and Co., Paternoster row.

SKEY ON ULCER.

ON a New and Successful Mode of Treatment Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

Just published, Fifth Edition, with additions, 8vo. Plates, price 12s.

A SYNOPSIS of the VARIOUS KINDS of DIFFICULT PARTURITION, with Practical Remark son the Management of Labours.

By SAMUEL MERRIMAN, M.D. F.L.S.

"The merits of this work are already too well known, and too highly appreciated by the profession, to require that we should express, at any great length, the high opinion we entertain of what is universally regarded as one of the very best practical books of reference in our language."—Dublin Medical Journal, March, 1839.

London: John Churchill, Princes street, Soho.

On the 2d of December will be published, in one very large 8vo. volume, cloth lettered, containing upwards of 1150 closely printed pages, price 1*l.* 2s.

THE PRINCIPLES and PRACTICE of OBSTETRIC MEDICINE, comprising the Structure of the Female Generative System, the Process of Parturition in all its details, the After Management of the Puerperal State, the Physiology and Diseases of Menstruation, the Physiology of Conception, the Diseases of Utero Gestation, and the Diseases of Children. By JAMES BLUNDELL, M.D., late Professor of Obstetric Medicine at Guy's Hospital. Carefully revised and corrected, with numerous and important additions and notes, by Alexander Cooper Lee, Esq., of University College, and Nathaniel Rogers, M.D., Member and late President of the Hunterian Society of Edinburgh, and Corresponding Member of the Medico-Chirurgical Society of Dublin.

*** This Edition of Dr Blundell's 'Principles and Practice of Obstetric Medicine,' is the very best work on this subject in the English language. The celebrity of its author has procured, not merely a European, but even a transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present Edition presents peculiar claims for the favourable consideration of the profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former Editions have been obviated; upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr Butler's name is a sufficient guarantee for its being brought out in a most superior manner.

London: Joseph Butler, Medical Bookseller and Publisher, No. 4 St Thomas's street, Southwark.

CHEAP MEDICAL BOOKS.

DR DAVIS'S OPERATIVE MIDWIFERY, 4to., numerous plates, scarce, 17s., sells 42s., last edition. Thomson's, Thomas, History of Chemistry, 2 vols. cloth, 6s., sells 12s., last edition. Clark, Dr J., on Diseases of Children, royal 8vo., 6s. 6d., published at 10s. 6d., scarce, last edition. Hall's, Marshall, Practice of Medicine, cloth, 10s. 6d., published at 16s. last edition. Hall's Researches on the Morbid and Curative Effects of Loss of Blood, last edition, 5s., published at 9s. Hall's Commentaries on Diseases of Females, 8vo., 8 coloured plates, last edition, 10s., published at 18s. Mills on the Morbid Appearances exhibited on Dissection in Disorders of the Trachea, Lungs, and Heart, 4s., published at 8s., 1829. Gooch's Midwifery, by Skinner, 3s., cloth lettered, last edition, published at 7s. Beck's Jurisprudence, by Darwall, 8vo., 9s., published at 18s., third edition, cloth lettered, scarce. Thomas's Practice of Physic, seventh edition, cloth lettered, 9s., published at 18s. Abernethy's Lectures on Surgery, Anatomy, and Pathology, the 8vo. edition, very scarce, 10s. 6d., published at 14s., cloth lettered. De Pulsu Resorptione, Auditu et Tactu, Annotationes Anatomicæ et Physiologicæ, Auctore Ernesto Henrico Weber, 4to., 3s. Sacgillivray's Rapacious Birds of Great Britain, plates, 5s. 6d., published at 9s. Arnott's Elements of Physics, 8vo., extremely scarce, 12s., published at 21s. Hooper's Medical Dictionary, 8vo., 5th edition, cloth lettered, 14s., published at 28s.

Moore, 9 Gower street North, University College.

MR LANE, MEDICAL AGENT, 13 JOHN STREET, ADELPHI, apprises the Profession that he has for DISPOSAL numerous PRACTICES in TOWN and COUNTRY, Physicians' and General Practices, Lunatic Asylums, Dentists', Chemists', and Druggists', with and without Practice, or in situations offering very fair prospects of establishing one.

Gentlemen desirous of disposing of their Practices, wholly or in part, may obtain Purchasers or Partners, by application to Mr Lane, with a facility and avoidance of trouble, or risk of publicity, unattainable through advertisements or any other medium.

Twelve years' experience as a Professional Agent, and having himself been twenty years in Medical Practice, with the numerous high references he can offer as to his honourable mode of conducting his Agency, are the grounds on which he solicits a continuance of the patronage he has hitherto so extensively experienced. The utmost caution is invariably observed to obviate injurious publicity, and (where necessary) no treaty is entered on without satisfactory assurances of the means and respectability of applicants. A mere outline of Practices for Disposal would exceed the limits of an advertisement, but particulars of suitable Practices (omitting only name and precise locality) will be forwarded to gentlemen addressing Mr L., post-paid, stating the nature and amount of business required, when such will be pointed out as are most eligible and consonant with the views of the applicant.

Office hours, 12 to 4. All letters postage free.

ASSISTANTS of superior and inferior grades, with due regard to the character and qualifications required, are gratuitously engaged for Practitioners in the Country, on application by letter, post-paid, stating qualifications, terms, &c.

BROWN BREAD.

IMPORTANT TO INVALIDS.—INGLIS'S Brown Bread is not only easily pervaded by the juice of the Stomach, but performs an important Mechanical duty on the Alimentary Organs.

"Inglis in New street, Covent Garden, makes very good Brown Bread."—See Graham on Diet and Regimen, last Edition, price 9s.

Upwards of One Hundred of the most respectable Medical References to be seen at the Shop.

DR RYAN'S MEDICAL WORKS.

This day, published with the Magazines, Part II, price 1s. 6d., of

DR RYAN'S ILLUSTRATIONS of MIDWIFERY; a complete Atlas and Companion to all Obstetric Works, containing four beautifully executed Plates, with thirty-two pages octavo of descriptive Letter-press.

H. Baillere, 219 Regent street, and all booksellers. To be completed in ten Monthly Parts.

THE PHYSICIAN'S VADEMECUM, or Manual of the Principles and Practice of Medicine.—Contents: Fevers—Agues—Diseases of the Brain (Epilepsy, Mania, &c.), of the Eye, Ear, Skin, Mouth, Throat, Lungs (Phthisis, Asthma), Heart, Stomach, Liver, Intestines, Kidneys, Gravel—Dropsies—Gout—Rheumatism, Scrofula, Scurvy, &c. 1837. Eleventh Edition, 7s. 6d.

Twenty thousand copies have been sold since the first edition. The work is in the possession of most students and junior practitioners.

A MANUAL of MIDWIFERY, and Diseases of Women and Children. Third Edition, 1831. Plates, 12s.

The profession in all countries have eulogised this work.—See Introductory Remarks in No. I of 'Dr Ryan's Illustrations of Midwifery,' Oct. 1, 1839.

A MANUAL of MEDICAL JURISPRUDENCE, Medical Evidence, &c. Second Edition, 1836. 13s.

Reprinted in America, and edited by Professor Griffiths. Most favourably noticed in 'Dr Johnson's Medico-Chirurgical Review,' and 'The American Journal of the Medical Sciences,' Nov. 1831.

THE UNIVERSAL PHARMACOPÆIA, or Formulary of Hospitals, 1839. Third Edition. 5s. 6d.

"One of the best Manuals we have ever seen."—Medico-Chirurgical Review, Oct. 1836.

"A sort of Polyglot Pharmacopœia."—Medical Gazette, 1835.

THE MEDICO-CHIRURGICAL PHARMACOPÆIA: Treatment of Poisonings. Dislocations, Fractures, and Natural and Difficult Labours. 1833. Second Edition. 3s. 6d.

"There is a vast deal of information in this little work, useful at the bed-side of sickness, or in the short hour of leisure from professional toils and anxieties."—Medico-Chirurgical Review, July, 1838.

OBSTETRIC APHORISMS, or Concise Precepts on Practical Midwifery. Second Edition, 1838. 2s.

"A pocket companion for the student and obstetrician."

THE PHILOSOPHY of MARRIAGE, in its Moral, Social, and Physical Relations. Third Edition, 1839. 6s.

"The work will have a prodigious sale, and does not contain a word which ought not to be known to medical practitioners."—Medico-Chirurgical Review, July, 1838.

A COMPARATIVE VIEW of Prostitution and Venereal Abuses in London, Paris, New York, &c., the most fertile Cause of Crime and Punishment, 1839. Plates. 10s. 6d.

"Works of this description, when properly conducted, cannot fail, in the hands of the public authorities, to improve society. We differ entirely from those who contend that the tendency of this work is evil. To the observer of life, to the man of science, to the philanthropist, it cannot fail to prove both interesting and useful."—New York Journal of Medicine and Surgery, July, 1839.

"Your work is a useful, a moral, a benevolent, and a religious book. It must do good, and great good, to society. No man can read it, who feels for man, without wishing to contribute something towards reducing that mass of crime, which you have well connected with human suffering and misery."—The Editor of one of the Leading Newspapers. The author's views have been adopted in no less than twenty sections of the New London Police Act, 1839.

DR DENMAN'S APHORISMS on MIDWIFERY, adapted to the Actual State of Science. Ninth Edition, 1835. 9s.

Eulogised in 'The Dublin Medical Journal,' 1835.

Nearly ready.

A MANUAL of DISEASES of the CHEST, Asthma, Consumption, Diseases of the Heart, &c. With numerous Cases.

On the most important DISEASES of WOMEN, from Puberty to Old Age. With numerous Cases.

On DISEASES of the GENITO-URINARY ORGANS, Syphilis, Gonorrhœa, Stricture, Diseases of the Prostate Gland, Bladder, Kidney, Ureters, Gravel, &c.; with Cases. Plates, 4s.

On the PHYSICAL EDUCATION and DISEASES of CHILDREN from Birth to Puberty. 8s.

These works are text books to the Author's Lectures on the Principles and Practice of Medicine, Midwifery, and Diseases of Women and Children, and Medical Jurisprudence.

Printed for the Author, 4 Charlotte street, Bloomsbury, Bedford square, and sold by H. Baillere, 219 Regent street, and all Booksellers.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB-FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation: illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen: ditto ditto, with Fronts, 1*l.* 16s. per dozen; Worsted or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Dimity, with real China Net Silk Purses, 2*l.* 8s. per dozen: ditto ditto, with Elastic Springs, 3*l.* 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

(Lately published, price 8s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

J. Churchill, Princes street, Soho.

Just published, price 12s. 6d., by J. CHURCHILL, Princes street, Soho,

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and Mr W. HILLES.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

EXTRACTS FROM REVIEWS.

"This is another desideratum in medicine, a most useful compendium for students, and an excellent manual for reference on almost every interesting subject connected with anatomy and surgery."—Literary Gazette.

"This is a most valuable epitome of anatomy, surgery, and physiology, and will be found to be of much service by the student who is about presenting himself for examination at the college, as it 'gathers together' the most valuable information to be found in more systematic works on the above subjects, and that so judiciously, as to contain most useful matter in every line. No student should go up without consulting this work."—Medical Miscellany.

"The Manual above-mentioned must be a great treasure to the student. This is by far the most complete volume we have seen as a guide for students, embracing, in a succinct and well-arranged form, the most important points of Anatomy, Surgery, and Physiology. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession with which he was familiar in the days of his youth."—Monthly Magazine.

"The reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a 'Manual for the College,' the book will prove of service to the student after he has obtained the diploma he is so anxious to possess.

"The regional and surgical anatomy will be very useful to the student, and we may say that the 450 pages devoted to anatomy and operations may be consulted by the practitioner with advantage.

"This book will undoubtedly help a man through the college, and—what is far greater praise—may teach him something afterwards."—Medical Times.

"It contains a fund of information necessary for the student to be acquainted with, and will, as a book of reference (even to medical men, who may need to have the knowledge of the minutiæ of anatomy and surgery revived in their minds), be found exceedingly useful. The authors are entitled to the student's thanks, and those who become possessed of the book will not have occasion to regret its purchase."—Christian Advocate.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c. Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, at C. JOHNS' Medical Fixture Warehouse, No. 11 Castle street, Long Acre (a few doors from Coombe and Delafield's Brewery).

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued in Town or Country.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2*l.* 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	
Ditto, Marine, from 3*l.* 10s. to	6	0	

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 10. Vol. 1. LONDON, SATURDAY, NOVEMBER 30, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAIT.

PROFESSOR CARSWELL, OF UNIVERSITY COLLEGE HOSPITAL.

In this individual we have an example of a person raising himself from a very humble position to one of comparative importance, by the cultivation of a natural talent and the steady adherence to one line of conduct; that line being one which Scotchmen are proverbially adapted for by nature—the talent of making the most of every chance that offers, and losing no opportunity of assisting themselves well on in the world. Carswell, startling as it may sound, was originally a poor weaver in Glasgow—the city of cotton and combinations. He there distinguished himself for industry, and an aptitude for drawing patterns for ladies' dresses and other cotton goods, for which designs he was paid by the master manufacturers at a very indifferent rate. His talent for drawing being, however, improved by practice, good fortune threw him into contact with Dr Thompson of Edinburgh, by whom he was first introduced into *morbid* company—that physician employing him as chief limner in ordinary. Here he seems to have been in his element, and Dr Thompson keeping him closely occupied in making drawings to illustrate his lectures on Pathology, Carswell got a great amount of knowledge upon an extensive range of pathological subjects, and his talent of making the most of every opportunity stimulated him forward in the path of ambition. He applied with praiseworthy zeal to the study of medicine, and in due time was dubbed M. D. After this, the Gower street Joint Stock Company wishing to engage some person capable of taking charge of their preparations, and adding to their number, cast their vision, as usual, northwards, and fixed upon Dr Carswell—made him Professor of Pathology, and attached him to the Hospital. The number of his pupils is the best test of his oratorical and pathological talents. In his manners he is a fine contrast to Anthony Todd Thompson. The now notorious Sir James Clarke had the temerity to job for Carswell, as candidate for the post of Examiner at the University of London. Sir James did all he could, and was rewarded for his exertions by his protegé Carswell getting ONE VOTE.

The Police Case—Child-stealing.—Considerable ferment has been created during the week by an infraction of the Anatomy Act by some gentlemen connected with a Medical School and the Adelaide Lying Inn Hospital. When the affair is finally closed we may perhaps make some remarks on the question; but the bad supply of subjects was undoubtedly the first cause of the offence. The popular version of the case is "*That them doctors at —— killed a man's wife, stole his baby to 'notomize it, and the nusses pawned their clothes.*" This sounds oddly.

LECTURES ON SURGERY,

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

FEVER—ITS DIVISIONS AND TREATMENT.

Gentlemen,—In speaking of local applications to an inflamed part, in my last lecture, I omitted one class of means to which some persons attach great importance, namely, *Poultices*, constituting one of the methods by which warmth, combined with moisture, is applied. I believe we are chiefly to regard this as a means of applying a certain degree of warmth to the part, and it is only valuable inasmuch as it contributes in certain cases to soothe the local pain which a patient experiences in inflammation. We are apt to ascribe to poultices great virtue in arresting the disease; but if the patients are rendered something easier by their application, it is as much as we can fairly ascribe to them. The ordinary forms of poultices are those made of crumbs of bread or linseed powder. It is necessary to take care that the poultice be rendered very soft, and that there be no fragments, so that it may be applied smoothly to the part. I fancy no particular effect is produced by "drawing" in the way it is supposed to do—it is only to be regarded as a soft, warm application.

I have mentioned the general disturbance that accompanies local inflammation under the name of *sympathetic inflammatory fever*. The Latin word *febris* denotes the most striking external circumstance of fevers—namely, the increased heat of the body, with which an augmented frequency of the pulse is conjoined. Now these two circumstances (increased heat and increased frequency of pulse) are found in states of the system which, in other respects, differ widely from each other: it is excitement of the circulation which produces them, and they may be conjoined with various kinds of disturbance in fevers, and other circumstances. Hence it has been found impossible to establish any definite description of fever which shall comprehend the nature and causes of all the ailments included under that word; indeed it is useless to make the attempt, for in respect to many cases of fever, including even some of ordinary occurrence, the precise nature and seat of the disease are still matters of controversy.

Fever, taken in its original and obvious acceptation, as denoting increased heat of the body, is merely the name of a *symptom*, and not of a *disease*; and in this sense it was, it fact, originally used by Hippocrates, who, in describing local diseases, the seats of which are well known, enumerates the symptoms belonging to the part, and then adds that the disease is attended with heat or fever.

When any important organ is actively diseased, we find that the general vascular excitement is combined with the symptoms previously belonging to the part itself. Thus, frequently the name of an affection embodies these two circumstances. People talk, in common language, of a *brain* fever; and it is by no means a bad name for a disorder of the brain, connected with fever. *Catarrhal* fever, *rheumatic* fever, *sympathetic* fever—these are names of a similar kind. We do not say merely fever, but we give to fever, generally speaking, a technical name, denoting the original seat of disease. When we are ignorant of the local cause which produces the symptoms that I have now been considering—that is, increased frequency of pulse and augmented heat; or when we consider fevers as arising without any definite local cause, we call them *idiopathic* fevers; and the French call them *fièvres essentielles*—essential fevers. The term idiopathic conveys the meaning that the fever is immediately produced by the cause of disease, and thus *idiopathic* diseases would be contra-distinguished from *symptomatic* diseases, where the original cause of disease produces an affection of a certain organ, and the affection of that organ causes the fever. In the same way the French phrase, *essential* fever, imports that the fever—that is, the general disturbance—is the essence of the complaint. In other cases, the affection is termed *symptomatic*, or *sympathetic*, because the disturbance of the circulation is regarded as an effect or symptom of a previously existing disease in some part of the body.

Now, with respect to these distinctions of idiopathic and symtomatic fevers, we must observe, that the very existence of the former, as a distinct class of diseases, is not yet clearly established. Heretofore, fever has been regarded as a general affection of the frame; but in proportion as the researches of morbid anatomy have been more accurately conducted, it has been found that this general disturbance has owed its origin to some local disorder, and of late years, more particularly in France (where pathological investigations are conducted with peculiar advantages, from the facilities afforded in opening the bodies after death in the hospitals), it has been ascertained by some of the most distinguished physicians, that there is no such thing as essential or idiopathic fever—no such thing as a general disturbance without a local cause—but that all fevers are the consequence of some local irritation, disorder, or inflammation; using these terms to express the various degrees of disturbance, because you are to understand, in considering this point, that when fever is said to depend on local disease, the word is used in a general sense, to denote, not only the state of a part in which there is swelling, redness, and heat, but also the degress of disturbance which are marked by any morbid alteration in the condition of the organ. Now when an organ of consequence in the body is irritated, disordered, or inflamed, sympathetic effects are speedily produced in other parts; and these, taken together, constitute the state of fever. If you have an inflammation of the brain, or of its membranes, the local disturbance is attended with fever; if you have inflammation of the pleura, or lungs, you have also fever attending it. The same observations will hold good with regard to the peritoneum, the liver, the stomach, the intestines, and the kidneys. If you have an inflammation of any of the larger joints of the body, there is fever; or of considerable portions of the skin—as in erysipelas.

In all these cases the nature of the affection is very clear: it is obviously a *local* cause, independent of general or febrile symptoms; the local disease is quite unequivocal. There are other instances in which the local affection is not marked by circumstances that are so very obvious and striking—in which the general disturbance that is produced sympathetically, in some measure becomes more prominent, and attracts attention more than the local disorder that has caused it. Thus the existence of the local affection might escape notice, unless the cause was very accurately investigated. Here examination after death detects the existence of a primary local disease. This is an observation that holds good in many instances where either the brain or the alimentary canal is the original seat of disease. All disorders of the brain that produce febrile disturbance of the system, are not characterized by those strongly marked local symptoms that enable us at once to notice the existence of it; and in the same way there are slighter kinds of disturbance in the alimentary canal, which might escape observation unless a strict scrutiny were made. Again, there are other cases in which we can observe no prominent local affection *during life*, but in which, when we come to examine the parts after death, we unexpectedly find serious and very considerable local disease; and this, I say, where we have not suspected the existence of it during life. Now if we put together the cases that may be arranged under the heads just mentioned.

we shall find that there is a distinct local cause of the general disturbance in forty-nine cases out of fifty, in fever; or probably I should be justified in saying in ninety-nine cases out of a hundred. Still we occasionally see instances in which we cannot trace such a local cause. But we may also see a person who has been exposed to cold, have shivering come on, and have general disturbance of a febrile character, where we cannot trace the existence of any local inflammation. What are we to infer from these few and rare cases?—that they form an exception to the general rule?—or may we not rather suspect that we do not sufficiently understand these cases; that they are not sufficiently investigated; and that, if we knew them more perfectly, we should find that they fell under the rules above alluded to?

Idiopathic fever falls under the consideration of the physician, and not of the surgeon. The nature, the causes, and the treatment of cases which either belong or are supposed to belong to that head, are considered in the writings of physicians, and are treated of in a medical course of lectures: I will only observe, therefore, that so far as I know, the nature of febrile disturbances which are treated of by the surgeon does not differ essentially from those treated of by the physician. We frequently see a disturbance sympathetically from a local disease—a kind of fever—which, if it were contemplated without the knowledge of the local cause which exists, would be called, for instance, typhus fever. It is necessary, however, for you to avail yourselves of all opportunities to gain information on these subjects, from the writings and lectures of physicians.

Sympathetic fever does not present itself to our view under similar circumstances in all cases. It exhibits a variety in its characters—a variety which may be referred to the age of the individual; to the temperament, or constitution; to the habit of body; to the climate, diet, and mode of life.

In the first place, certain cases of sympathetic fever are particularly marked by disturbances of the *sanguiferous system*; by a full, strong, and hard pulse; considerable heat of body, and so forth. This constitutes the sympathetic inflammatory fever to which I have before alluded, and which I have had occasion to describe as attending any serious local inflammation. It is the *synocha* of Cullen, and it is not necessary to say more upon this subject, for the observations made respecting the treatment of inflammation included the treatment of this affection. We have only to view it as it stands in conjunction with the local affection; and the means we adopt to remove the latter are of equal power in removing the sympathetic disturbance which is consequent upon it.

In other instances the *digestive organs* are the parts principally affected, and such cases constitute what some writers have called *gastric* or *bilious* fever. I imagine that to this head we must refer what has sometimes been called *mucous* fever. Tenderness, or pain about the epigastric region; great thirst, nausea, sickness; complete loss of appetite; a coated and foul state of the tongue; a variety of symptoms that are referable to the condition of the alimentary canal, are circumstances particularly characterizing that form of sympathetic fever which may be called gastric or bilious. Now, Broussais refers the cause of all fevers to the alimentary canal. Thus, common continued fever, typhus, the yellow fever, the plague, and, in fact, all varieties of fever, with him are cases of gastritis, or gastro-enteritis. He regards all those as cases originating in an inflammatory disorder of these parts. There can be no doubt that the alimentary canal is the original seat of disturbance in a great many cases of fever. In fact, in cases that run through their course, and terminate fatally, appearances of disease of a marked kind are commonly found in the alimentary canal, and a considerable proportion of the patients that are examined after death exhibit appearances of this kind.

Several writers who have described gastric or bilious fever, have laid it down as a rule of practice that the attention should be directed, in the treatment of these cases, simply to the state of the digestive organs; that aperient medicines should be administered; calomel, and other preparations of mercury, with purgatives; but that loss of blood should be avoided—nay, that it will be injurious; and that in all cases having a bilious character you should not think of bleeding. I cannot, for my own part, at all agree with this view. There is a great proportion of cases of this kind in which the disturbance of the digestive organs will be most speedily set right by the loss of blood, and in which you should not lose time in the administration of calomel and other aperients without recurring to venesection. These cases may not require so active an employment of the lancet as those that come under the first division, where the sanguiferous system is deranged. The use of the lancet is by no means to be admitted to the extent that it is in the cure of enteritis; but in certain cases, where there is a foul state of the tongue and a disturbance of the stomach, it is advantageous.

Now Broussais holds a contrary opinion to that which I have just mentioned: he states that the administration of purgatives, in cases where there is a considerable inflammation of the mucous membrane of the stomach and intestines, is the worst of all practices; in fact, he exhausts the vocabulary of abuse against persons who use them under such circumstances. He says it is the irritation of the mucous membrane that produces these ulcerations. I think we may so far agree with him, that if considerable pain exists about the region of the stomach, or any other part of the alimentary canal, with high fever, we should prefer taking blood from such a patient before we come to the use of purgative medicines; but I must say that I have not in one single instance seen those injurious consequences resulting from the employment of purgatives that he speaks of, nor have I any evidence to prove that ulceration is produced by purgatives. It happened to me to see a case of fever that terminated fatally. It was a case where the head was principally affected; where, after the depletion which the state of the early symptoms required had been practised, purgative medicines were administered freely throughout the whole of the case. I think the patient did not die for a fortnight after the commencement of the attack. During that period he took a large quantity of purgatives, which operated forcibly in producing free discharges from the alimentary canal; and he took a great deal of calomel, which Broussais abhors. I examined the body after death; and, having seen the remarks of the French pathologist, I thought I had a good opportunity of ascertaining whether the administration of purgatives was capable of producing all the ill effects he described. On examination, I found that the alimentary canal and its membranes were perfectly healthy: there was not a speck of ulceration throughout.

It happens occasionally that the stomach rejects aperients, or any other kind of medicine that you put into it; and probably this may arise from a determination of blood to the mucous membrane, forming what may be called a state of irritation of the mucous membrane of the stomach. But, as much benefit is derived in all cases from getting the alimentary canal unloaded, as far as I have seen, it is a great object to introduce medicine, and have the bowels evacuated. Therefore, where this irritation of the stomach exists, we should select those forms of aperient medicines that are active in a small compass. Calomel is one of these; croton oil is another. These are two purgatives that may pass into and produce an evacuation of the bowels under such circumstances.

There is a third form of sympathetic fever in which the head is principally affected, and in which the symptoms are referable to that part, and show themselves, either in various painful sensations connected with the head, or in the condition of the external senses, or in the various mental faculties and in the condition of the muscular system, particularly in the greater or less imperfection of the voluntary power. This constitutes the *nervous fever* of the old writers; and, probably, it is to this state chiefly that the term we so frequently use in this country is applicable, although it is not a very definite one. It is the *ataxique* fever of the French. I fancy the phrase has been employed to express a considerable disturbance of those important functions which are carried on by the nervous system. When a febrile attack of this kind has lasted some time, when it has considerably advanced, particularly if no active means are taken to check it, the symptoms assume a peculiarly dangerous character; the oppression of the nervous system; the want of power over the voluntary muscles; muscular agitation; the great and serious disturbance of the digestive organs, indicated by a dry and brown state of the tongue; this is the alarming assemblage of symptoms which has given rise to the term *malignant* or *putrid fever*. The patient then goes on in a state of great debility, and hence arises the term of *adynamic* fever, which may be considered as equivalent to the expression debility, or want of power. Such are the terms employed to denote the evident symptoms of the febrile disturbance which originates in affections of the head. That a considerable proportion of the cases of fever have their origin in the head, I think no one who has attended to the phenomena of these cases can have any doubt.

Dr. Clutterbuck has entertained the opinion, that the *head* is the source of disorder in fever generally. His work on fever contains many rational views both of the nature and treatment of the affection, and well deserves to be read, although we may not agree with him in the rather exclusive view he takes of the subject by referring fever *entirely* to affections of this part of the system. However, we may leave Dr Clutterbuck and M. Broussais to fight the matter out between them; for the one places the seat of all fevers in the head, and the other in the alimentary canal. These extreme opinions are often useful in conducting us to the truth: they lead to the investigation of facts, and thus from the comparison of these, as brought forward by men who have investigated the same subject under different views, the truth is ultimately ascertained.

In those cases of fever where there is great determination of blood to the brain, antiphlogistic treatment and depletions are necessary in the commencement of the affection, and these means will not fail to prevent the development of what are called the typhoid symptoms. The adoption of some measures for removing the inflammatory disturbance from the brain in the outset, is of great importance; by this means those alarming symptoms which frequently take place in these cases will not occur at all. Venesection may be necessary, as well as the local loss of blood from the neighbourhood of the head by cupping or leeches; and in those cases where an affection of the head is strongly marked, the local application of cold is of great advantage. It is necessary, in such cases, that the head should be shaved; that you should apply some cooling lotion, such as iced water, or the coldest well or spring water; and frequently it is of great service to apply ice itself to the head. There is another mode of applying cold, that of pouring jugs of water from some height upon the head. Let the head be placed over a bason or common ewer; then take a jug of water and pour it on the head, from as great a height as the patient can bear it. In several states of fever, this has a marked effect in reducing affections of the brain, and in moderating the arterial excitement in particular. Frequently it will produce these effects when perseverance in depletion does not seem to control the symptoms; and the patient will afterwards fall asleep, and break out into a perspiration.

In the protracted stages of this affection, it is important to consider when and in what way we may be justified in the employment of cordials or tonics. The muscular debility which often takes place in these cases at an early period—and which is an evidence not of the general weakness of the frame, but of the oppressed state of the brain, which diminishes the voluntary power over the muscles—this muscular debility has frequently led to the employment of tonics, stimuli, and wine, at a comparatively early period of the affection, and no doubt the injudicious use of such means has frequently tended to aggravate the disease, and bring on the typhoid symptoms. There are instances in which the patient is reduced to such a state of debility that there appears no alternative but to administer wine and water; but it is doubtful whether we do good by such an administration. There are some instances, certainly, where a cautious use of wine seems to produce benefit at the time, and all that I can observe is, that you should carefully watch the administration of wine, brandy, or any other

stimulant of that kind. You should give them just to answer a particular purpose when you see a violent and an alarming state of debility, and if the patient rallies a little you should discontinue them. If you were to let the patient go on forty-eight hours, you would probably find great excitement produced. In the state of weakness in which the patients are, these stimuli produce a greater effect than on healthy persons: they must be administered cautiously; their effect must be watched, and they must not be continued beyond the particular circumstances that called for them.

Under the head of *irritative fever*, a state has been described which, in fact, is merely an advanced stage of this nervous or typhus fever. In serious local diseases or injuries, which go on very badly, where febrile disturbance has been produced, and where high excitement takes place, this excitement has been called irritative fever, but it is merely the last stage of that I have just mentioned, and there is nothing peculiar in it.

Febrile disturbance, consequent on local injury or disease, may have an *intermittent* character, and there are some instances in which they may have regular paroxysms of intermittent fever.

SPIRIT OF THE MEDICAL PRESS.

EXTENSIVE RUPTURE OF THE HEART FROM EXTERNAL VIOLENCE.

By T. G. Geoghegan, M.D., Professor of Medical Jurisprudence in the Royal College of Surgeons in Ireland.

It has frequently been demanded of medical witnesses, by coroners and jurymen, to pronounce an opinion as to the cause of death, without an examination of the body; and in a recent instance in London a refusal to do so excited considerable indignation on the part of the jury. The public prints abound in verdicts of "natural death," in cases where there is no history of the deceased, and in which the decision is founded on merely a trifling external examination. The instance about to be related affords an additional example of a fact with which medical jurists should be familiar, namely, that most extensive internal mischief may co-exist with an uninjured exterior. This fact is invested with additional importance, inasmuch as it is not easy to persuade juries that a degree of force, adequate to the rupture of internal organs, could be applied externally without leaving its traces on the surface. The particulars of the case may be detailed in a few words:—A girl, aged seven years, was struck by the edge of the seat of a jaunting car, one of the wheels of which, it was thought, passed over the thorax. This, however, was not satisfactorily determined. She was killed on the spot. Mr Custis—to whom I am indebted for the notes of the case, and for the preparation of the heart—examined the body. A careful investigation of the integument, muscles, and thoracic parietes, afforded no indications of violence, these parts being quite uninjured.

On opening the thorax, the pericardium was found extensively ruptured, yet not containing blood; the layer of pleura, constituting the right wall of the anterior mediastinum, was lacerated, and about a pint of fluid blood was effused into the right pleural cavity. On wiping the surface of the heart, this organ was found ruptured almost throughout its entire length. The laceration could be traced, implicating, in the first instance, the appendix of the left auricle, passing thence downwards along the left and posterior part of the left ventricle, laying open its cavity completely, and rupturing the septum cordis. At about an inch from the apex it turned abruptly to the right, and winding around the latter, terminated by opening the summit of the right ventricle—the edges and surfaces of the laceration were rough and granular, betraying no ecchymosis, or indication of vital reaction.

An instance where the violence applied seems to have been similar, and in which the heart was also ruptured, without any external mark, is related by Dr Gairdner in the 'Ed. Med. Chir. Trans.,' v. I, p. 662. Dr Christison also used to mention in his lectures two cases of rupture of the heart, one from a blow, and the other by a fall.* Although recent observations in France have confirmed the statements which Bohn† made more than a century ago, that even numerous severe wounds of the heart are not rapidly fatal,‡ yet, in the case under consideration, the injury was so exceedingly extensive, that, even with the knowledge of this fact, it can hardly be conceded that life could continue after the accident.

In a case of this kind, the injury being supposed unknown, a medico-legal question might arise as to the period at which the injury was inflicted, whether anterior to death or not. In the instance under discussion the only physical datum which could have afforded the inspector any solution of this inquiry, was the amount of sanguineous effusion into the right thoracic cavity, and even this might not be quite decisive if the injury were supposed to be inflicted soon after death.—*Dub. Med. Press.*

* Watson's Medico-legal Treatise on Homicide.

† De renunciatione vulnerum.

‡ He speaks of a man "cujus cor quaternis bombardæ globis perfossum," who nevertheless survived five days.

POISONING FROM AN OVER-DOSE OF CROTON OIL.

A young man, twenty-five years of age, suffering from a severe attack of typhus fever, swallowed by mistake a large quantity of croton oil, which was sent him for the purpose of being rubbed into the abdomen.

About three quarters of an hour after swallowing this drastic he was seen, and presented the following alarming symptoms. The skin cold, clammy perspiration, pulse intermittent and scarcely perceptible; the action of the heart itself could scarcely be felt; respiration difficult; the extremities, eyes, and lips resembled very much the blue appearance observed in cholera; the tongue imparted a sensation of cold on touching; the pupils neither dilated nor contracted, but quite insensible; and the abdomen extremely tender and sensitive to the slightest touch. He was also much harassed by frequent retching and ineffectual attempts to vomit. Tickling the fauces with a feather, large doses of warm water, veal and herb broth, as well as a very *strong* emetic, were administered, but without causing the stomach to reject its contents; the only matter brought away was a slight quantity of a glairy mucous. About an hour had elapsed previous to the application of the remedies.

Meanwhile symptoms somewhat similar to those of intoxication advanced with fearful rapidity, no doubt accelerated by the enfeebled state of the patient arising from the fever. An hour and a half after the accident violent action of the bowels set in. He felt his motions being passed involuntarily, and without his knowledge. He likewise complained of a *violent sensation* of heat in the œsophagus and most painful sensibility of the abdomen, the skin becoming more and more cold, the respiration more difficult, and the pulse less frequent and perceptible, the choleric (blue) appearance extending over the whole of the body. He gradually became less sensible, and sank about four hours after the taking this dose; death, without doubt, being much hastened by the fever he was then labouring under.

Autopsy.—Nothing remarkable could be discovered in the mucous lining of the stomach or bowels, except slight softening of the mucous lining of the former organ, and a few spots of ulceration in the same membrane of the intestines, caused by and characteristic of the fever.—Translated for The Medical Times from *Journal de Chimie Medical*, No. X. October.

We have to apologise to several Advertisers for leaving out their Announcements this week; but, until The Medical Times is enlarged, we cannot trench upon more than the last page.—Advertisements for the enlarged Number must be sent in by Wednesday Night.

The Public Health.—The Poor-law Commissioners have addressed a circular to the medical officers of unions in England and Wales, calling for information as to the prevalence and probable causes of disease in their district.

PRANKS OF MEDICAL STUDENTS.

Should the reader perceive a pale-faced youth, dressed in a pilot coat—long, lank hair—bold deportment—a cigar in his mouth, the smoke of which he puffs in every person's nostrils as he passes him in the street at mid-day, you rest assured the hopeful youth is—*a medical student.* Should you enter a hotel, say the "*Hawarden Arms,*" or the "*University,*" and perceive a circle of youths drinking half-and-half, and smoking common shag, every one talking as loud as his lungs will permit, and at every sentence an oath is interpolated, you may be certain these young men are *medical students.* Should you perceive *four* young men in a cab, and each smoking—these are *medical students.* If by any accident a poor creature's apple-stall is overturned, and a few long-haired, laughing devils are "deploring the sad event," there is no mistaking them for *medical students.* An accident may place you in a room where there is either a billiard table or a bagatelle board, and you perceive seven or eight youths, with pipes in their hands, swearing at one and the other with remarkable good humour, and devouring half-and-half out of pewter, betting browns, or a dish of bread and cheese—or chops for two, and *no more*—rest assured your delectable company is composed of *medical students.* If you are in a distant part of the great metropolis, where there are no hospitals or schools, and it is a precious cold day, you are sure to perceive one or two young fellows who, to make your situation very agreeable, will be constantly "chaffing" you either about your dress or language; and, when they have put you in a passion by their remarks, one will leave the room with a knowing wink at his fellows, and, in order to cool your temper, he leaves the door unfastened just so much as will give you a quinzy, —— be certain you are in the company of well-bred *medical students.* Should you be partial to tobacco, and enter *Radical Smith's* shop to replenish your pouch, ten to one you will observe a dear group of hopefuls, some at one trick, some at another—weighing their carcasses—registering loss of flesh or increase of bulk—or standing at the door, winking at every woman that passes in the street—or ridiculing the male passengers—or passing a *practical* joke on yourself while you are bargaining for your weed—reader, you may, to a dead certainty, be confident these plagues are *medical students* returned from lecture. If stern winter has covered the streets of London with snow, and you perceive two or three hundred "big boys" pelting each other, and slily hitting the passengers—breaking lamps and your neighbours' windows—and, should the police interfere, the industrious "boys" link together and pelt the guardians of the peace, uttering their war-cries of "Down with the unboiled," you can have no doubt but they are *medical students*, who declare the lecture-room "cursed cold." Should you happen to have on your establishment a decent and handsome *servant maid*, and should you hear strange voices in your *area* or *kitchen*, or should the fair damsel desire to go out *rather more* than usual to the *play*, be quite certain a *medical student* is her inducement. More anon, from

"Mediculus."

Literary Intelligence.—Dr Johnston is preparing for the press a History of the British Sponges and Corallines, in which he intends to avail himself of many new figures of Zoophytes contributed by his friends, and acquired by himself since the volume on British Zoophytes was published.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P M.

THURSDAY.—Operations at St George's, at one.

FRIDAY.—Operations at St Thomas's.

SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

X. C.—*Large trousers must be the recipe.*

N. B.—*We have already painted Dr Williams—the portrait of Professor Carswell now decorates our studio.*

H.—*The 'Lancet' has* bled *the profession too long—we intend to practice* phlebotomy *upon it. Mr Wakley has had a power which he has too frequently used for other purposes than those of justice.*

O.—*The cliniques will be welcome. The others, not this session.*

DR WILLIAMS.—*Yes. He was present at the meeting of the British Association for the advancement of Science when Dr Corrigan read his paper, and exhibited experiments to elucidate the causes of abnormal sounds in arteries. Dr Williams heard and saw this. He commented on it. He was then put on a Committee to investigate the same subject, and money was put into his hands to further the object. He came to the same conclusions as Dr Corrigan. He drew up the report to that effect, and published it, but neither mentioned the name of Dr Corrigan, or gave the remotest hint that his own conclusions had been anticipated. We have already given his portrait.*

SYDENHAM COLLEGE.—*The ridiculous assumption alluded to admits of no further notice than a smile of contempt. To attack such a coxcomb would be to flatter his vanity. If the students have one spark of spirit they will at once put a stop to it.*

The Quack M.D. of Bedford square is not forgotten.

A SUBSCRIBER *would oblige us by making out a list, with pages quoted, of the errors in Dr Thomson's book.*

ACRUSTIC.—YEARSLEY'S *patient who complained of* singing *in the ears should go to the* Eight Bells *at Cheltenham.*

THE MEDICAL TIMES.

HOSPITAL-MAKING—MINGLING THE SICK WITH THE DEAD.

WE some time since referred to the system of starting hospitals and dispensaries as profit and loss speculations—matters of bargain and sale—and literally, under the cloak of charity, covering a multitude of sins; deception, avarice, vanity, ambition—all catered to by founding institutions nominally for the benefit of the sick poor. Men who, under ordinary circumstances, would scarcely attain a reputation as judicious general practitioners, manage, by trickery and jobbing, to put themselves forward as physicians and surgeons to public institutions; and, with talents intended by Nature for doling out salts and senna, and chaffering over scented soaps and toothbrushes, they are foisted into positions which they fill with equal self-importance and inefficiency. If this metropolis was destitute of institutions for the relief of the sick poor, or if those institutions were greatly deficient in the means of affording relief to such as sought the refuge they offer, then might we feel inclined to regard the starting of any new hospital with feelings of gratification; and, though it might have been originally conceived by chicanery, engendered in jobbery, and supported by cant, yet the good which must result would overbalance the disadvantages, and good be eliminated from evil. But the hospitals of the metropolis are numerous, and most nobly, most munificently endowed. If the funds which the sainted dead bequeathed to the holy purposes of charity were properly applied,—if the revenues legally and morally the heritage of the sick poor were carefully husbanded, and expended with a wise and enlightened economy,—if the noble purposes of our endowed hospitals were followed out in the spirit that caused their original erection, then might every destitute person in London be tended with care and skill—be supplied with all the means and appliances which science and art have rendered subservient to the mitigation of disease, and the sick poor receive all those attentions which one member of the human family may look for at the hands of another. Instead of this, intrigue and cupidity conspire to stint the usefulness of our endowed hospitals. The officers, in the majority of cases, are appointed not for their skill, their experience, or their reputation, but in proportion to the number of votes they can *buy*. In other instances scientific men are selected who, having obtained the highest honours of their profession, and the confidence of the public, would be the best possible individuals, if they could attend to the duties that devolve upon them; but, in the majority of instances, the extent of their practice and the value of their time forbids that degree of careful attention which will alone enable them to do justice to the patients confided to their care. They are unable, for the same reasons, to reside in or near their hospitals; and, in many cases, are resident *miles away*. The regular patients, as well as accidents, which require prompt and efficient attention, are thus left to wait the leisure of the chief officer, or confided to the *house-pupils*, or dressers, who are almost invariably selected—not for their assiduity, not for their skill or intelligence—but because their friends *can pay*. These vices of the hospital system cripple the endowed institutions, and prevent them from affording half the relief they otherwise would do; and a portion of the poor being left without assistance, affords a plea eagerly seized for starting new hospitals.

These considerations apply, in one particular or other, to nearly every institution in the metropolis, and it is our intention to dilate more fully upon the vices of the system, instancing various facts in support of our positions. But we must make space again to draw attention to a folly—to call it by no harsher name—which the prelates, and high Tory patrons and proprietors of the joint-stock King's College, are now about to commit in the establishment of their hospital. It is notorious that no hospital was required, as far as the wants of the neighbourhood were concerned—it is notorious that there was always room for patients really requiring hospital assistance at the Bartholomew's, Westminster, or Middlesex hospitals—it is equally notorious that the institution lately got up, and once intended as an adjunct to King's College, the Charing Cross Hospital, *always has vacant beds*—but it is still more notorious that the opposition joint-stock company, University College, were able to promise better dividends to the shareholders, *because they had a hospital, and thus got more customers*; that is, obtained more medical pupils. This displays *one* reason why King's College required a hospital; but this is not the point we would at present allude to. In the name of humanity we demand the attention of the prelates, noblemen, and gentlemen, who have been induced, many of them—let us hope, all of them—by the most elevated motives, to give their names, their influence, and their money, to aid the establishment of this projected hospital. Upon the plea of restoring the sick to health, the money has been asked for, and most generously, most liberally subscribed. The question we are about to put is, How is the first money about to be expended! The answer is, in converting a building—unfit for a workhouse, refused by the Poor-law Commissioners—into a hospital. This sounds strangely, but is not all. What is the locality of this new hospital—this institution for the recovery of the sick? We might reply, in a neighbourhood literally reeking with pestilences, physical and moral—a locality teeming with vice, poverty, filth, and disease—in an atmosphere impregnated with the effluvium of the dead—by shambles, brothels, disease, and death. Such an assertion requires some proof, and we hasten to adduce confirmatory evidence from a work which has just been forwarded to us, and which is evidently the result of careful and important researches. It is published by a surgeon, under the title of 'Gatherings from Graveyards,' and its object is to show the danger that results from the practice of burying the dead in cities. Mr Walker has made inquiries in various localities—let the supporters of this King's College Hospital learn the character of the neighbourhood chosen for *curing the sick*. That gentleman made extensive inquiries and experiments in the neighbourhood of most of the city burial places; but HIS RESEARCHES POINT OUT NO SPOT WHERE THE PESTIFEROUS EXHALATIONS OF THE DEAD ARE IN SUCH FOUL EXCESS AS THE ONE CHOSEN FOR KING'S COLLEGE HOSPITAL. Of the grave-yard under its windows he says, "*The soil of this ground is saturated, absolutely saturated, with human putrescence.*" His description of this ground is truly horrifying; he declares that persons whose windows open into this ground are compelled to keep them closed, the effluvium is so offensive,—that the walls adjoining "are frequently seen reeking with fluid, which diffuses a most offensive smell," and to crown all, adds his testimony, as a surgeon, to the

frequency and virulence of typhus fever among all who live near this deadly spot.

Again repeating our inquiry, IS THIS THE PLACE FOR A HOSPITAL FOR THE RECOVERY OF THE SICK? we, for the present, stay our pen, referring the supporters of the Institution to Mr Walker's important evidence as to the inevitable results of its establishment in the intended position.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

[Mr Guthrie was too ill to deliver his usual clinical lecture.]

SPONTANEOUS CURE OF ANEURISM.

WM. MURRAY, æt. 41, was admitted into the hospital, Nov. 1, with a neuralgic affection of the left thigh and leg, which has disappeared under proper diet and regimen, with scarce any medicinal treatment. About six years back he was affected with popliteal aneurism on the right side. At the end of two months the tumour had attained the size of a small teacup. The femoral artery was tied, and a cure ensued. Three years subsequently an aneurismal tumour appeared on the left groin, which was treated at Chatham by compression for nine weeks without benefit. In seven months it had attained the size of a large flat watch, when, one night, the diseased condition became suddenly suppressed, no pulsation being apparent the next morning in the tumour. There was numbness in the limb, and all the other symptoms of impeded circulation; also a sensation of oppression and suffocation was experienced in the chest at the time, similar to that which occurred when the femoral artery was tied. At this period, probably, originated the cardiac and aortic disease, which thoracic auscultation demonstrates to exist, and which might, perhaps, have been prevented, had proper depletion been resorted to at the time. It is not unlikely that the compression which was resorted to had the effect of accelerating the aneurismal rupture, by causing premature absorbtion of the arterial tissue.

ERYSIPELAS, WITH DIFFUSED INFLAMMATION AND SLOUGHING OF THE CELLULAR TISSUE.

John H——, æt. 30, was admitted on the evening of November 15th, under the care of Mr Guthrie. A fortnight back, after wearing a tight shoe, the foot and instep became affected with slight swelling, some redness, and constant pain of a gnawing, stinging character. There was vigilance and febrile excitement. His medical attendant treated him for *rheumatic gout*, with leeches, cold lotions, blistering, &c., and violent purgation was induced, probably by colchicum, though the man had never previously suffered from any rheumatic affection. On his admission he was in a state of great exhaustion. When first seen on the morning of the 16th there was great depression of the vital powers. He had rested more than for many previous nights. Pulse feeble—140. Tongue thickly coated with white fur. Equable and defined swelling of the leg and foot, of a deep red colour, pitting on pressure, giving a doughy sensation to the touch, and with a vesicated surface. He had, however, been much relieved by the measures which had been adopted on his admission. Wine had been freely administered. A draught of carbonate of ammonia, tincture of opium, of cardamoms, aromatic confection, and cinnamon water, had been given every three hours; free incisions had been made by Mr Archer, the house-surgeon, at the lower half of the outer side of the leg, at the ankle, and across the dorsum of the foot. The limb was subsequently enveloped in a poultice of linseed meal and beer grounds. There has been much sanious discharge, and the cellular tissue can be perceived in a sloughy state. His medicine was continued, with wine and beef tea *ad libitum*; and in the evening he had a rhubarb draught, which acted comfortably on the bowels.

17th. Has slept but little. Pulse 130. Tongue cleaner. Is tranquil and more at ease. There is tendency of the erysipelas to spread, and the lead-coloured hue, so strongly indicating death of the cellular tissue, has somewhat extended. The inflamed surface was circumscribed with lunar caustic, to endeavour to prevent its extension, and another incision was made on the outer side of the leg, posterior to the former one, down to the fascea, which being found in a sloughy state, was likewise divided, so as to expose the margin of the gastrocnemius muscle. He was ordered

℞. Opii ʒij
Acid Sulph. D. ʒj
Decoct. Cinch, ʒviij

Sumat ʒj misturæ 3 tiis horis.

The same diet was continued.

19. Has slept but little. Pulse 120. Bowels have been open three times. Tongue nearly natural. The erysipelatous redness has assumed a brighter hue, and the sloughy surface on the foot and ankle presents a defined appearance, and begins to separate. The man's appearance indicates decided constitutional improvement. An incision was made at the inner side of the leg, giving exit to a small quantity of matter. His medicine was continued. Bread poultices were substituted for those of linseed meal and beer grounds. He was ordered to have mutton chops and beef tea, six ounces of brandy and wine each per diem, as also porter.

Up to the 25th the same plan of treatment has been persevered in with manifest daily benefit; and, though the extensive mischief will render the convalescence very tedious, yet there is but little doubt of ultimate recovery. The erysipelatous inflammation is arrested, but from the removal of the sphacelated structures there is extensive exposure of the muscles.

There is also at present another case of mal-diagnosis in the hospital. Inflamed testicle, consequent on suppressed gonorrheal discharge, was mistaken for hernia, and the taxis repeatedly resorted to at intervals during several days, as also venesection, &c. &c. The patient has derived immediate relief from the application of a few leeches, &c., though, when he entered the hospital, a good deal of abdominal irritation had begun to evince itself from the line of procedure which had been adopted previously.

GUY'S HOSPITAL.

CLINICAL REMARKS ON LITHOTOMY, AND THE OPERATION ON KENNEDY, BY MR. BRANSBY COOPER, DELIVERED SATURDAY, NOV. 16.

GENTLEMEN,—I must apologize for the want of a subject on which I could demonstrate the operation of which I am about to speak. The one I purposed using is so far advanced towards putrefaction, and has been so much mutilated, as to be now useless. I shall therefore direct your attention to the subject of stone in the bladder clinically, that is, in connection with the case of the man on whom you saw me operate on Tuesday.

Thomas Kennedy, aged 72, was admitted on the 30th of October. He was a married man of temperate habits, and five years ago first perceived difficulty in voiding his urine. It was not for four years afterwards that he experienced sufficient inconvenience to oblige him to seek for surgical relief. I saw him at my house before he was admitted, and pointed out the danger which might result from the operation in so old a man. He replied that his sufferings were so great that if he were sure of death he would submit, and I of course had nothing to do but comply.

I do not mean to say that in every case the wishes or solicitations of the patient would alone justify a surgeon in operating: he should attend to the general health. Who would think of cutting a man for stone with an aneurism of the aorta, in a state of plethora, with diseased kidneys, or with serious derangement of any vital organ? The general health of this man was good, and there was nothing in the mere circumstance of his great age to render operation unadvisable; for I once cut a man 82 years of age. He recovered without a bad symptom, and lived till 91.

For the causes of calculus we must look to derangements of the digestive organs. Every part of the body and every secretion is eliminated from the blood; and on the condition of the blood their character will depend. Now, derangement of the digestive organs implies a defect in the assimilative powers; and as we know that the integrity of the blood is maintained by the perfection of those powers, we can easily understand how a man's urine is altered after he has been playing tricks with his stomach. This is the first step in the formation of calculus. The urine deposits sediments, not perhaps of substances absolutely morbid (I mean not existing in healthy urine), but which constitute disease, from the unusual quantity in which they are formed.

Unless a nucleus exist elsewhere, the kidney becomes the first seat of the concretion. The symptoms, then, are pain in the loins, sickness, numbness of the thigh, and retraction of the testicle. If the calculus remain in the kidney, it will excite inflammation there, and you will have general fever, pain, and intolerance of pressure; and as abscess forms, there will be tumour, which most often points in the loins. The urine will contain pus or blood, or both combined.

Much more frequently, however, the stone passes into the ureter, and during its passage the symptoms which I described as indicating its presence in the kidney are much aggravated. There is violent pain, spasmodic retraction of the testes, great sickness and faintness. It may stop in the ureter, and, as in the kidney, excite inflammation and suppuration, by which it will ultimately be discharged. I saw a case of this kind once with Sir Astley. He was a good deal puzzled about an abscess in a gentleman, which was supposed to be connected with disease of the hip joint, and he took me with him over to Limehouse to see it. He was convinced, from the circumstances of the case, that it did not originate in the hip joint; and on making minute inquiries, the surgeon in attendance being a highly intelligent man, was enabled to run over a train of symptoms, plainly referring the first cause to the passage of a calculus along the ureter, and which had not reached the bladder. Sir Astley opened the abscess, and removed a calculus from its bottom, which had evidently passed from the ureter.

I believe this is a unique case of its kind—a calculus removed from the gluteal region. But a French surgeon, I think Boyet, once marked a train of symptoms indicating the lodgment of a stone in the ureter, and on making an examination by the rectum, he felt a large stone, just where the ureter enters the bladder. He made a cut, and extracted it.

Generally speaking, the stone passes from the ureter into the bladder, and then an irritable state of the bladder is produced—frequent desire to make water—sudden stoppage of it from the stone closing the passage—pain—tenesmus, and so on. Ask him if he can ride in a cart over the stones, he'll say, "Lord, sir, catch me in a tax-cart. I should pass blood directly." This is pretty good evidence of the nature of the case. This is commonly the state of affairs; but such symptoms may be, and sometimes are absent, though a large stone is in the bladder. I was once called to a case of retention of urine in Hertfordshire—a patient of a Mr Harrison. On passing the catheter I found an obstruction in the membranous portion of the urethra, evidently caused by a stone there. This I removed by incision through the perineum, and on passing an instrument into the bladder, we found it nearly filled by a large stone. The man had never suffered from the usual symptoms. He afterwards came into this hospital, and died of general debility. After death, a stone was removed of an immense size.

We often see very little suffering from the oxalate of lime, or mulberry calculus, while the triple phosphate, which is a much lighter and smoother stone, will be accompanied by extraordinary suffering. The symptoms being so variable, of course no one should say there is a stone in the bladder without sounding. I need not describe this. But suppose you have made out the presence of the stone, the question will arise, should you perform the lateral operation, or the newer one of lithotrity, or crushing the stone.

I trust all of you here, who have not read Mr

Key's admirable paper on this subject, will do so. He appears to me to place the matter in the most philosophical and correct point of view; and you will derive great practical benefit from its attentive perusal. I need now, then, merely say, that for lithotrity to be successful you must have a patient with a sound bladder, and not irritable. This you will test by the quantity of water you can inject into it—observe the degree of distention it will suffer, and the length of time it will bear it. The prostrate also must be sound. These are also the most favourable circumstances for lithotomy, so that in comparing the relative success of the two operations, we should omit those cases of lithotomy performed under an unfavourable condition of the parts.—Suppose you have settled to operate—you felt the stone on sounding a day or two ago, and others did so with you—you have invited some professional friends to witness the operation, and you now cannot feel it on sounding, Well, this is quite sufficient reason for deferring your purpose. Some would say you felt the stone yesterday, it must be there to-day. But this proves nothing. Never operate unless, by feeling the stone, you know it is in a favourable position for removal; and though you may be charged with caprice, remember that the welfare of the patient is the first object, and more than sufficient to outweigh any little inconvenience to your friends.

On Tuesday, November 11th, I sounded the man and felt a stone. He had an enema administered, and was brought into the operating theatre an hour or two afterwards, and tied up. I attempted to pass a straight staff, but from the great depth of his perineum I could not depress it sufficiently to convey it through the membranous portion of the urethra. This difficulty, however, was partly produced by the manner in which he was tied up, and I am confident that, if I had had him undone again, I could have passed it. There was some difficulty even with the curved instrument; but this arose solely from his position, for when I examined him in the morning, the sound passed by its own weight alone. Hereafter I intend passing the staff before I tie the patient up. There is then no difficulty, and by properly holding it, no harm can be done by the tying. Well, I felt the stone directly; and though I knew the perineum was a deep one, and there was a good deal of hemorrhagic tendency about his urethra (for you saw the blood quite spouted after the passage of the staff), yet I sat down to operate, not expecting to meet with any untoward circumstance, and had no suspicion of meeting more than ordinary difficulty. I always divide this operation into four steps, and I can assure you they pass through my mind as I am going to perform it, as clearly as they do now, though of course in less time. By bearing them in mind, and knowing the difficulties you may meet with in each, you will avoid the error of some who go on *slap dash*, and when the late part of the operation is completed, find the former has been incomplete.

These four steps are,—1st, the opening of the perineum; 2nd, the opening of the cavity of the pelvis; 3rd, laying open the bladder; and, 4th, removing the stone.

For the first step, you saw I made a large incision through the skin and fascia of the perineum. But in which direction? I can just fancy a person sitting down to operate with the idea that he was to open the perineum. He would say, "But where must I begin?—where end?" I place my forefinger on the raphe, just where you can neither say it belongs exclusively to the perineum or the scrotum, and begin the incision the breadth of one finger below this point, and carry it downwards and outwards to a point midway between the centre of the verge of the anus and the tuberosity of the ischium. This divides the skin, fascia, transverse muscle and artery of the perineum. It is very rarely that the last is large enough to require tying.

The first step being completed, the next thing is to open the urethra just where it is passing through the deep fascia of the perineum, and then, by dividing the deep fascia in the same direction with the first incision, the cavity of the pelvis is laid open, and the second step over. Some open the urethra anterior to the point I stated. It is easier to do so, but there is more danger of wounding the artery of the bulb. You will often see me make one or two points at the urethra before I get into it. It may cause some delay, and appear a little bungling, but it is safer. Some, again, divide the deep fascia of the perineum before they open the urethra, but then a portion of it is liable to be left, and prove an obstacle in the withdrawal of the stone. Having depressed the handle of the staff, and brought the knife into a line with it, you cut into the bladder, taking care to keep the instruments in contact. If there is much of an angle formed between the knife and the staff, of course the incision will be larger than when the back of the knife and the staff are nearly in the same line.

I had got thus far on Tuesday without more bleeding than usual, and the urine flowed, showing that I was in the bladder. I then passed my finger into the wound, but such was the immense depth of the perineum, that I could not reach the prostrate; I could feel nothing, and saw at once I had a case of great, perhaps, of insuperable difficulty, to contend with. I therefore availed myself of my advantage as hospital surgeon, and requested Mr Key to examine. He did so, and those of you who know the expression of his countenance, could see at once he had gained no information. If you will admit of an hyperbole, had he placed his finger in the Atlantic to seek for America, he could have got as much information. Well, as I could not reach the prostrate to discover if I had made a sufficient opening in it, I tried to pass the forceps along the staff, but they would not go. Then thinking that though there might not be room enough with the staff, yet there might if it were removed, I removed it, but still there was not room enough. I then asked for a blunt gorget, and they gave me one about as long as my thumb, of no use. I afterwards got one longer, and passed it—made a larger incision in the prostrate, and passed the forceps. Then, as bad luck would have it, I grasped the stone in its long axis. I altered it, and cautiously began to extract. I thought it was coming, and Mr Key said, "Here's the stone," but it was the prostrate pulled before it. However, by altering the direction I got it through, and the man was carried off, having been on the table twenty minutes.

There was no great hemorrhage, but his countenance suddenly changed to a pallid clay colour, which is always a very bad sign. I ordered him three grains of opium. In the evening he appeared better, but complained of pain in one knee-joint. He had some disease of the joint which caused more suffering, from the way in which he was tied up, than to others. The pain was relieved by poppy fomentations. The next day he was anxious, troubled with flatulence and eructation, and appeared doubtful about the issue. I ordered him some ammonia with tincture of cardamons, and wine and water, and in the afternoon he was better. I saw him again at six o'clock, and he still appeared better; and what Mr Cock and myself thought a good sign, he complained a good deal of smarting along the urethra; for when persons are in great danger they do not complain of every little local inconvenience. However, at nine o'clock I found him cold and clammy, and pulse intermitting, and saw at once it was all up. He died about four in the morning. We had some difficulty in getting a post mortem. They wished me to do it at his own house, but I felt it would be better for some other to examine him, and after much persuasion they consented.

Mr Cooper then read a minute account of the examination, drawn up by Mr Hilton, of which the only remarks bearing on the case were, that the tissues were universally permeated by fluid, much more so than is usual twenty-nine hours after death—the time he was examined. This was to be attributed to a previous low state of vitality. No marks of peritonitis; no redness, except from gravitation. Rectum uninjured, and two sections of the prostrate. No extravasation of urine. Just behind the prostrate was a remarkable pouch in the bladder, into which, if a stone had fallen, it would have been almost impossible to have removed it.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

SCARLATINA—SUICIDE.

November 23.—Dr Chowne in the chair.

Mr Streeter having alluded to one or two fatal causes of scarlatina which had lately occurred in his practice,

Dr Willis observed, that scarlatina was frequently accompanied by a particular affection of the kidneys. He had analyzed blood from the kidneys of patients who had died of this disease, and found it to contain a very great quantity of urea; whilst the greater cavities were filled with effused serum, abounding in indications of urea. He believed that a coagulation of the fluid thus accumulated in the cavity of the heart was the cause of death.

Dr Golding Bird thought that though urea was detected, yet it was far from being the poison which killed the patients in scarlatina; it was merely an index to the fact that the kidneys had not duly performed their natural functions. An extraordinary connection subsisted between the functions of the skin and kidneys, which is highly deserving of notice. If a person suffering under scarlatina be kept strictly within doors, and stimulants and diaphoretics restrained from, anasarca is very likely to take place; indeed its occurrence may thus be generally accounted for. On the other hand, if dieuretics be used with caution, and transpiration by the skin promoted by every possible means, this disease, scarlatina, is not only rendered very easy of cure, but all extraneous circumstances and impediments, such as anasarca, are entirely obviated.

Dr Stone, reverting to the subject of suicide, proceeded to consider it in detail. After commenting on Dr Johnson's classification, with which he was inclined to disagree, and referring to historical facts to prove how extensively suicide was committed in times gone by, and among various nations, he expressed it as his opinion that a belief in the justifiableness of suicide had led many individuals to resort to it, in order to rid themselves of the troubles of this world, and that this was a circumstance which had been overlooked in most statistical details. He fully concurred with Dr Johnson in denouncing as injurious and impolitic the propensity to return verdicts of *insanity* at inquests, instead of *felo de se*; and attributed it not so much to a feeling of its necessity, or to any consideration of mercy, as to mistaken judgment. Mr Streeter supported the positions of the previous speaker.

Mr Winslow, as the mover of the discussion, then finally replied. He contended that insanity was not a specific disease, abstractedly considered, but rather the consequence of some violent disturbance or disorder of the whole nervous system. He directed attention to a species of derangement, to which may be referred that description of suicides not clearly the result of direct insanity, namely, a derangement arising from a vitiated condition of the moral principle, and which may be designated a moral insanity.

Thus has terminated a discussion which has been carried on with unflagging spirit during three meetings of the society.

MEDICAL STUDENTS' ASSOCIATION.

November 21.—G. D. Dermott, Esq., president, in the chair.

Mr Ayre moved a resolution to the effect that the members should co-operate in prosecuting an inquiry into the number of subjects received by each school of anatomy since the commencement of the present session, and that such inquiry should be continued till the close of the anatomical session. This resolution was unanimously carried, the majority of the members considering that, when laid before the public, it would beyond all dispute exhibit the extreme unfairness with which the subjects for dissection were now dealt out. A discussion ensued, when it was resolved, that petitions should be forthwith prepared, and transmitted to the Secretary of State for the Home Department, and to the council of the Royal College of Surgeons, earnestly desiring that proper persons should be appointed for the purpose of effecting an equitable distribution of bodies, and of insuring the removal of whatsoever grievances medical pu-

pils may labour under in consequence of the maladministration of the Anatomy Act.

Mr Whittley said, that to a certain school of anatomy *only one subject had been sent*, and that *in a state already mutilated*, the chest and other parts having been opened.

Mr Dermott, who followed in a speech of considerable length, had no hesitation in declaring, that any partiality evinced by the inspector of anatomy, an individual upon whom the most serious responsibility rested, would be little short of the grossest crime. It would be a crime against mankind and against God; for should he, in order to gratify personal motives, withhold the necessary means of surgical education from any one school, he would, indirectly, be guilty of the murder of all those who, through ignorance, may be maltreated by any pupil of that school in after-life. The Home Minister was bound in honour to discharge an individual convicted of partiality in such a situation. He (Mr D.) disapproved of the Anatomy Act, inasmuch as it did that which was objected to by many as regards the New Poor Law; it treated poverty as a crime, by subjecting the bodies of the poor to dissection merely because they were poor. He thought those who possessed property should be compelled to pay a sum of money, in proportion to their property, as an exemption from the liability to dissection. This might be paid after their decease, according to their wills; while the poor should have a compensation out of the funds thus provided, on the condition of subjecting their bodies to dissection.

[The petition above referred to will be found in another part of our columns.]

ZOOLOGICAL SOCIETY.

November 26.—T. Bell, Esq., F.R.S., in the chair.

Mr Ogilby exhibited a collection of sponges from Kangaroo Island, presented by W. W. Harvey, Esq. On these a discussion took place, which afforded to Professor T. R. Jones the opportunity of expressing his opinion as to whether they were of an animal or a vegetable nature. As they were entirely cellular, free from parenchymatous matter, as well as from those currents which by continental writers has been assumed to be the characteristic of animal bodies, he considered them unquestionably to belong to the vegetable kingdom. The line of demarcation, however, between animal and vegetable life, could never be arrived at while these anomalous productions stood in the way.

Mr Waterhouse subsequently read a paper on the geographical distribution of the order *Rodentia*, alluding more especially to the fact that the species discovered in North and South America were mostly of a different order from those of the old world.

At the North London Medico-Chirurgical Society, Mr Maiben read a Paper on 'Inoculation,' the discussion upon which was adjourned to the next meeting.

Dr A. T. Thomson has an article on insanity in the November number of the 'New Monthly Magazine,' forming the second of a series on that vitally interesting subject. It is not distinguished by depth of thought or comprehensiveness of inquiry, the author appearing to write rather for the superficial than the scientific reader. It is evident that he has largely availed himself of the works of Reid and Pinel. He concludes with the following creditable reflection:—"It is to be lamented that for the poor no place exists between the lunatic asylum and their own wretched abodes; no hospital to cherish and establish their convalescence. For this forlorn condition of the poor insane nothing has yet been done, although the necessity of doing something is generally acknowledged."

It has been proposed to erect dormitories for students in connection with the various large medical schools. We doubt the wisdom of the proposition.

Obituary.—Dr James Hamilton, late Professor of Midwifery at the University of Edinburgh.

REVIEWS.

The Eye: A Treatise on the Art of Preserving this Organ in a healthy Condition, and of Improving the Sight, &c. By J. C. August Franz, M.D., &c. &c. Churchill.

Without the evidence of his name, we should at once have pronounced this book to be the production of a German. It has all the peculiarities of the fatherland. The chapter on the 'Importance and Dignity of the Eye,' in which the organ of vision is placed in a position "high pre-eminent" above the other organs of sensation, is as thoroughly German as any chapter in Goethe, Schiller, or Kant. It has all the excellencies and all the faults of its school. The pages on the expression of the eye, as indicative of character, would almost induce the belief that its author was an artist rrther than a physician, while the observations on the expression of the eye evince laborious study of the subject. Altogether the work is curious and interesting, and though addressed rather to the popular than the professional reader,—to the patient more than the doctor,—it will repay perusal of all who feel interested in the subject. It is illustrated by a plate, and prefaced by a chapter explanatory of the anatomy of the eye.

Remarkable Case of the Effects of Lightning on the Human Body, &c. By John Davies, Surgeon to the General Infirmary at Hertford, &c. Pp. 24. Longman.

This is a reprint of a most interesting case of the remarkable effects of the electric fluid on the living body. Had we space we should be tempted again to reprint the greater part of it, but must be content to recommend it to general perusal. Some observations on the phenomena of lightning are attached, to adapt it to non-professional readers; and as the proceeds of the sale are to be applied to the funds of the infirmary at Hertford, we cannot do better than recommend its circulation. The surgeon will find Mr Davies having recourse to what appears to be with him a most favourite application,—*Iodine*; and with the best results. The body of the patient was severely burnt. "There was a broad path about eight inches in width, extending all the way down the back, very deeply burnt. In front there was a similar path, equally wide and severe." The lower extremities were also badly wounded, and "there was a deep hole in the centre of the left heel, as if a musket ball had made its exit there." Patient delirious, talking incoherently, face flushed, general temperature somewhat above the healthy standard, but extremities colder than natural. Pulse 80; involuntary evacuations; excretions of very dark colour. The only external application was painting "over every part that presented any injury (which embraced nearly the whole surface of the body) with tincture of Iodine of the strength of one scruple of Iodine to an ounce of rectified spirit; and the remedy was made to insinuate itself freely into the opening in the heel." This, with general constitutional treatment, was attended with the best effects, and the patient recovered.

A Manual of Percussion and Auscultation, as employed in the Diagnosis of Diseases of the Chest and Abdomen. By D. Spillan, M.D. Pp. 88. Jones.

A Manual of Chemistry, Pharmaceutical and Medical for the Use of Medical Students. By D. Spillan, M.D. Pp. 96. Jones.

Two compact little manuals for students with short memories;—cheap in price and easy of carriage. The first is the best, and affords a very good guide in the use of those means which acoustics afford in the diagnosis of diseases of the chest and abdomen. Every student should buy the stethescope.

BOOKS RECEIVED FOR REVIEW.

'The London Anatomist, or a System of Anatomy, Physiology, and Surgery combined.' By G. D. Dermott, Lecturer on Anatomy, &c. Pp. 93. Churchill.

'A Treatise on the Nature of Club-foot and Analogous Distortions, including their Treatment, &c.' By W. J. Little, M.D., &c. Jeffs, Burlington arcade.

PROMOTIONS, APPOINTMENTS, AND VACANCIES

Navy.—Surgeon: G. H. Brown to the *Blonde*. Assist.-Surgeons: D. Ritchie, of the *Rodney*, to the *Weazle*; J. Forbes, of the *Weazle*, to the *Rodney*; S. S. Stanley to the *Blonde*; Thomas Denvir and Thomas Hart to Haslar Hospital; Dr. Alex. Mitchell and John Dunbar, additional, to the *Britannia*.

Army.—22d Foot: Surg. Robert M'Munn, M.D., from the 88th Foot, to be Surg., vice Huston, deceased. 22d Foot: Assist.-Surg. Andrew Fergusson, from the Staff, to be Assist. Surg., vice Brown, promoted to the 37th Foot. 37th Foot: Assist.-Surg. Alex. Brown, M.D., from the 22d Foot, to be Surgeon, vice Wahab, deceased. 55th Foot: John Stewart Smith, M.D., to be Assist.-Surg., vice Morgan, promoted to the 57th Foot. 57th Foot: Assist.-Surg., Alexander Braithwaite Morgan, from the 55th Foot, to be Surgeon, vice Hamilton, deceased. 88th Foot: Assist.-Surg. Abraham James Nisbet Connel, M.D., from the Rifle Brigade, to be Surgeon, vice M'Munn, appointed to the 22d Foot. Rifle Brigade:—Assist.-Surg. Henry Downes, M.D., from the Staff, to be Assist. Surg., vice Connel, promoted to the 88th Foot. Hospital Staff: To be Assist.-Surg. to the Forces, John Davies, Gent., vice Downes, appointed to Rifle Brigade; John Dods, Gent., vice Fergusson, appointed to 22d Regiment of Foot.

Hubbub at the Hall—Alarming Consequences.—It is satisfactory to know that some slight degree of professional feeling exists among the old ladies of Rhubarb Hall. At one of their late soirées, when they met to enjoy tea and scandal, much angry discussion ensued on its being mooted, in allusion to the late case of Greenough, that it was unfair that more effectual protection should not be afforded by the company to those who had undergone the fiery ordeal of their examination to obtain the certificate. This is verily a revolt in the harem of the god of pestles and mortars. Oh! that this spark of liberality were fanned into a flame, which might burn the venerable ladies out of their habitation; the suicidal act would confer more benefit on the profession than anything they have hitherto accomplished. The unlucky discord which is supposed to have emanated from the too-powerful stimulation of Bohea on the thoughtless garrulity of age, has had the lamentable effect of throwing Mrs Nursey into a state of hysterical delirium, which threatens to terminate in insanity, as the much-respected lady already begins to fancy herself a teapot. A vote of censure was passed on Mrs Randall, who officiated as tea-maker on the unfortunate occasion, and the company will, in future, import their own tea.

Dr Hastings was this year elected to the office of Mayor of Worcester, but preferred paying the fine of 50*l.* to fulfilling the duties of the office.

British Medical Association.—"*Dr Rowley was unanimously elected a member of the Association.*" Lancet, Nov. 5, 1839

The offer made to Mr Hilles of a professorship of anatomy, physiology, surgery, and animal chemistry, we understand, was by the senate of the University of Patagonia. The illustrious professor, we believe, has not yet given a decisive answer.

The French Peerage.—The dignity of the peerage has been offered to M. Double, on condition of his renouncing the practice of medicine. The *Lancette Française*, when noticing the subject, offers M. Double "une double felicitation" on his being still classed among practitioners of medicine; and, on his *not* being classed among the gentleman of the Luxembourg.

OUR PROSPECTS AND INTENTIONS.

SURROUNDED by the cheering influences of success, it becomes a pleasant duty to speak of what our readers have done for us, and of the return we are about to make in recompense of their unqualified support. Assuming a new position, and following a novel course, the judgment that urged us to the career has proved itself correct. In our first number we proposed to give everything interesting to the medical reader—the latest discoveries in science—the lectures of the best and most eminent of our public teachers—familiar sketches of the more prominent medical professors and practitioners—the passing gossip of our hospitals and schools—lists of those who were entering the profession, who received appointments, or were promoted—reports of clinical lectures, more especially those delivered by the College Examiners—analyses of new books—reports of hospital cases, as well as interesting ones occurring in private practice—an exposition of quackery, professional and non-professional—in short, a digest of all that might occur of a character to interest, either the student in the hospital, or the practitioner in the active exercise of his profession. To these intentions were super-added a bold determination to purify the noble science of medicine from the excrescences that disfigure it—to lop off the unworthy parasites who, under pretence of supporting the fabric of the profession, fatten themselves at its expense. With the war-cry of MEDICAL REFORM, we hastened to do battle against the Monopolists and the Quacks.

With such intentions we commenced our career, and the support we have received convinces us that a persistance in our determination is alone requisite to fulfil our most ardent wishes. But we have been much cramped for space. Valuable reports have been excluded because they would have occupied too many columns. Cases were inadmissible in consequence of their length, and many papers from the expensive Quarterlies, as also from the Foreign Journals, could not, from want of room, be admitted to our pages. The increasing number and growing importance of the Medical Societies also claim greater attention, and these facts, combined with some further extension of our plans for deserving the support that has been awarded to us, has induced us to effect a

PERMANENT ENLARGEMENT OF THE

MEDICAL TIMES,

to commence next week, the 7th of December, when we shall add

TWELVE MORE COLUMNS, WITHOUT ANY INCREASED CHARGE.

This enlargement will, of course, allow a more extended field of usefulness. That this may be fully exerted a distinct office in the neighbourhood of the other newspapers has been engaged, together with a more extensive corps of contributors. Arrangements are also in progress for issuing a

STAMPED EDITION OF THE

MEDICAL TIMES,

FOR CIRCULATION POST FREE.

For the stamped copies the price of the stamp will be charged additional, which will, of course, make this edition to all intents and purposes

A MEDICAL NEWSPAPER,

price Fourpence. Additions will likewise be made to the features of the Journal. The Medical Portraits will include not only London professors, but those of Edinburgh and Dublin, not forgetting the provinces. Paris and Germany will not be overlooked, and we shall in our first enlarged number commence a series of

VELPEAU'S CLINICAL LECTURES,

translated expressly for THE MEDICAL TIMES, as also a continuous series of translations immediately on their publication abroad of the

BEST PAPERS FROM THE FRENCH, GERMAN, AND ITALIAN MEDICAL JOURNALS.

For all these new features, the enlargement of THE MEDICAL TIMES will afford space, as also for the admission of advertisements, which will, however, as heretofore, be of a select character, no empirical notices ever being admissible.

ADVERTISEMENTS.

Just published,

GATHERINGS

FROM

GRAVE YARDS,

PARTICULARLY THOSE OF LONDON.

With a concise History of the Modes of Interment among different Nations from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of Inhuming the Dead in the midst of the Living.

By G. A. WALKER, Surgeon.

London: Messrs Longman and Co., Paternoster row.

SKEY ON ULCER.

ON a NEW and SUCCESSFUL MODE of TREATMENT Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

TO MEDICAL STUDENTS.

Just published, ninth edition, price 8s. 6d.

A MANUAL FOR STUDENTS preparing for MEDICAL EXAMINATION. Comprising Pharmaceutical Chemistry—Decompositions of the Pharmacopœia—General Chemistry—Toxicology—Materia Medica—Anatomy—Physiology—Practice of Medicine, and Midwifery. By JOHN STEGGALL, M.D., Licentiate of the Royal College of Physicians.

London: John Churchill, Princes street, Soho.

Lately published, price 5s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

J. Churchill, Princes street, Soho.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB-FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation; illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

OSTEOLOGICAL REPOSITORY.

45 Museum street, Bloomsbury.

J. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Bauchêne.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine at Paris, price 40l.
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45 Museum street, Bloomsbury.

BROWN BREAD.

IMPORTANT TO INVALIDS.

INGLIS'S Brown Bread is not only easily corroded by the juice of the Stomach, but performs an important Mechanical Action on the Alimentary Organs.

"Inglis in New street, Covent Garden, makes very good Brown Bread."—See Graham on Diet and Regimen, last Edition, price 10s.

Upwards of One Hundred of the most respectable Medical References to be seen at the Shop.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other medical boards), and to receive certificates of the same without extra fees.

House Pupils received, who have extra instruction. Apply to Mr Dermott, 15 Charlotte street, Bloomsbury.

Mr D.'s series of Anatomico-chirurgical plates to be obtained on application to him.

SKELETONS, SKULLS, AND OTHER ANATOMICAL PREPARATIONS.

A. ALEXANDRE, Foreign Bookseller, 8 Great Russel street, Bloomsbury, begs to acquaint the Medical Profession that he has just received a fresh importation of Anatomical Preparations, consisting of—

Fine Skeletons, Separated Skulls, Skulls in Sections, showing the Internal Ear.
A Collection of nine Fœtus Skeletons, from six weeks to nine months before birth.

FRENCH WORKS.

Bourgay Anatomy, large folio plates, 3s 6d. plain, 7s. coloured.
Cloquet Anatomy, 3 vols. 4to., containing 340 plates, half bound, 8l. 8s., published at 13l.
Pierry Diagnostic, 8vo. 12s.
Cuvier Regni Animal, 3 vols., 8vo.
Cuvier Anatomia Compara, new edition.

37 Great Russell street, Bloomsbury.

A. F. HEMMING, 341 STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices, than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green or Yellow Paper; this art is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 6d.	3s. 0d.
Large	1s. 6d.	5s. 0d.

In Books, Green or Yellow.

	£ s. d.
Small Size, containing 1,036 Labels	0 17 0
Middle Size, ,, 1,139 ,,	1 3 0
Large Size, ,, 833 ,,	1 14 0
The Three Sizes in One Book, containing 3,008 Labels	3 10 0

CATALOGUES GRATIS.

Engraving and Printing of every Description.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen: ditto ditto, with Fronts, 1l. 16s. per dozen; Wove or Knitted Silk, 2l. 2s. per dozen; ditto, with detached Bandage, 1l. 16s. per dozen; India Dimity, with real China Net Silk Purses, 2l. 8s. per dozen; ditto ditto, with Elastic Springs, 3l. 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Caps. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

CHEAP MEDICAL BOOKS.

DR DAVIS'S OPERATIVE MIDWIFERY, 4to., numerous plates, scarce, 17s., sells 42s.; last edition. Thomson's, Thomas, History of Chemistry, 2 vols. cloth, 6s., sells 12s., last edition. Clark, Dr J., on Diseases of Children, royal 8vo., 6s. 6d., published at 10s. 6d., scarce, last edition. Hall's, Marshall, Practice of Medicine, cloth, 10s. 6d., published at 16s. last edition. Hall's Researches on the Morbid and Curative Effects of Loss of Blood, last edition, 5s., published at 9s. Hall's Commentaries on Diseases of Females, 8vo., 8 coloured plates, last edition, 10s., published at 18s. Mills on the Morbid Appearances exhibited on Dissection in Disorders of the Trachea, Lungs, and Heart, 4s., published at 8s., 1839. Gooch's Midwifery, by Skinner, 5s., cloth lettered, last edition, published at 7s. Beck's Jurisprudence, by Darwall, 8vo., 9s., published at 18s., third edition, cloth lettered, scarce. Thomas's Practice of Physic, seventh edition, cloth lettered, 9s., published at 18s. Abernethy's Lectures on Surgery, Anatomy, and Pathology, the 8vo. edition, very scarce, 10s. 6d., published at 14s., cloth lettered. De Pulsu Respiratione, Auditu et Tactu, Annotationes Anatomicæ et Physiologicæ, Auctore Ernesto Henrico Weber, 4to., 3s. Macgillivray's Rapacious Birds of Great Britain, plates, 5s. 6d., published at 3l. Arnott's Elements of Physics, 8vo., extremely scarce, 12s., published at 21s. Hooper's Medical Dictionary, 8vo., 5th edition, cloth lettered, 14s., published at 28s.

Moore, 9 Gower street North, University College.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 11. Vol. 1. LONDON, SATURDAY, DECEMBER 7, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines. [S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SIR JAMES M'GRIGOR.

There are two ways of giving a biographical notice of an individual whose career may be supposed interesting to the public, and there are two ways of selecting the individuals whose lives and characters shall be so chronicled. The small portion of the profession who were too good-natured to deny the importunate cravings of a *bore*, who were too busy to find time to deny an urgent request, or too rich to care about what they paid for,—this portion of the profession have been thoroughly nauseated with periodical doses of one kind of biography, in which sycophantic sneaking to the possessors of high places, unlimited laudation of men in good practice, mental blindness in the discrimination of character, and moral cowardice in the examination of truth,—make up a salmagundi which displays no character but that of its author, and teaches but one moral,—contempt for intrigue and toadyism. These half-crown impertinences afford fine specimens of the Jerry Sneak style of writing, in which dates are most scrupulously inserted, as being the only *facts* of the story,—in which a man is held up as deserving more respect as the ninety-ninth son of ninety-ninth cousin of the Laird of Tippleswizzle, than for the most honest career or brightest services to science,—in which the writer withholds the truth for fear the great man of his own creation should frown on the slave whose adulation he receives, and praise is laid on by the peck to induce the purchase of large paper copies. This spiritless toadyism is one mode of "doing" biography. We prefer the other course. If a man occupies a public position, his actions and conduct become as it were public property; if the prominence be won by fair and honourable courses, its display can injure no one; if the position be gained by improper or dishonourable means, the exposure must be productive of benefit, as, if it be insufficient to unseat the pretender, it will at all events put the public on their guard against the repetition of this evil. Truth, plain unvarnished truth,—nothing more, nothing less,—this is the guiding star of *our* pen.

James M'Grigor, as his name implies, is a genuine Highland Scotchman, and, true to his lineage, he possesses all the characteristics which have been from time immemorial attributed to his race by the "Southrons." He was born of humble parents, who managed to get for him at Aberdeen that Scotch education which has been so useful to him through life. Tired of poverty and oatmeal, like many before him, he yearned to do justice to English beef, and accordingly took that course which Dr Johnson was so fond of speaking of, and crossed the Tweed. Arrived in London, he made his first appearance *behind the counter of a perfumer*, and afterwards in the shop of Godfrey the chemist, where he acquired the knowledge requisite in those busy times to enable him to enter the medical department of the army. Once here he speedily became an active officer, and first in the Indian army, and afterwards in the Peninsula, without ever losing sight of his own interests like a true North Briton, he became an extremely intelligent and useful medical officer and kind-hearted man. Nothing is better calculated to test the worth of a man than a campaign; M'Grigor stood the ordeal, and became in a peculiar manner so useful to the Duke of Wellington, that with such weighty interest and his own activity he obtained his present situation of Director-General of the Army Medical Board. Once installed he had a fine opportunity for extending his patronage to his Scotch friends, and this kind feeling was carried to such an extent that at one period he had quite drained Scotland of Macs, and scarce a regiment but had a couple of these ornaments of the human race. On one occasion he gave a Mr Scott a commission because he could sing '*Scots wha hae*,' but the vocalist proved a bad surgeon, for getting afloat with his men, it became necessary that the important operation of bleeding should be performed, when the *captain* was forced to do it, the surgeon not knowing how. Sir James is fond of supporting his table and his dignity, but in private life is a pleasant, affable man, as we once had evidence of in a steam voyage. But with all his talent and acuteness, his examination is a very indifferent one, and he has been most egregiously led by the nasal organ by a well known surgeon of his acquaintance, who, not content with possessing a fair share in the direction of the patronage of army medical appointments, has used his influence in such a way as to render his power too public for the reputation of his friend Sir James M'Grigor.

There is to be a vacancy as Apothecary to the Welbeck street Dispensary at the end of next month. The candidates must be members of the Hall. Salary 105*l.* per annum, coals, candles, and apartments.

The following passage from a lecture delivered by Dr Munro secundus will interest any of our readers who intend visiting the Modern Athens, as they might otherwise omit seeing a most extraordinary relic of that father of anatomy Munro primus, at present in his museum. (*Munro secundus loquitur*) "Mr Jones, hae the gudeness to walk into the museum, and ask Mr Mackenzie to send me my father's peenis injectio with quicksilver, *that* I may demonstrate to the class."

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

SUPPURATION—ABSCESS—ITS TREATMENT.

Suppuration, gentlemen, is the formation of a fluid, which is called *pus*; it is one of the effects of inflammation, and therefore, whenever we find pus, we are certain that there either is, or has been, inflammation in the part. Pus is a whitish or yellowish fluid, varying in consistency from that of the thickest cream to that of water; and it is found, on microscopical examination, to consist of globules floating in a thin fluid, in this respect bearing some analogy to the blood.

The differences in the consistence and other properties of pus depend chiefly on the nature and degree of the inflammation, and on the structure of the part in which it is formed. Pus is sometimes thick and homogeneous—sometimes it is flaky or clotted—sometimes it is serous or watery—sometimes it is viscid or slimy.

I have spoken to you of suppuration as one of the effects of inflammation; but the formation of pus is not confined to the circumstances which were then explained or alluded to. Pus may be formed on the surface of the skin—for example, after the application of a blister—it is formed on the surface of an inflamed mucous or serous membrane—on that of an inflamed synovial membrane—on the surface of wounds of any of the soft parts, or of ulcers—and it is formed in consequence of inflammation in the interior, or substance of various organs. When pus is thus formed, the collection of fluid which it constitutes is called an *abscess*. An abscess, therefore, is a purulent collection in the interior of any part of the body, excepting, however, the regular or normal cavities; for when pus, or any kind of fluid, is formed in them, we call it *effusion*, not abscess.

The formation of matter in suppuration partakes of the same variety of character which is observed in the inflammation that produces it. You may have pus completely formed in an abscess, and fully developed in the course of a short time—two or three days for instance; or you may have the collection increasing and remaining in the part, without coming to an end, for several weeks or months, or perhaps even years. We might, therefore, designate suppuration, as we do inflammation, by the terms *acute* and *chronic*; and, in fact, we speak constantly of *chronic* abscess, though we do not use the term *acute*, but *phlegmonous* abscess, to denote those collections that are produced by the more violent and rapid forms of inflammation.

I shall first speak of suppuration as it occurs in a phlegmonous abscess. When the inflammation has proceeded to a considerable degree, matter is deposited in the centre of the inflamed part. The inflamed textures, as I have already mentioned, become in some measure softened, or at least the power of cohesion is lessened, by the process of inflammation. In the centre of the inflamed part pus is formed, and, in fact, portions of the texture lose their cohesion, and may be said to be broken down. When this effect is produced, there is an effusion from the inflamed vessels, which is of rather a thin or serous appearance, and somewhat of a bloody colour. When I say the texture is broken down, I do not allude to a mechanical process, but to a change in the condition of the textures of a part, the result of violent action. We now begin to perceive white spots of matter disseminated here and there in the seat of the highest action, and these soon unite together, so as to form one cavity. The cavity which is thus formed enlarges, it increases in size, by pushing aside the cellular substance and surrounding soft parts, which yield more or less according to their nature. Now such of those parts as are firmer

make resistance, and do not give way—namely, blood vessels, nerves, and tendons. These form elevations or ridges on the side of the abscess, and sometimes they constitute a sort of fibrous dressing, from one side of the cavity to the other. When we examine the part, it is found soft and pulpy, and presents a greyish appearance. If we take the handle of a knife, we can scrape off a pulpy grey substance, which is generally supposed to consist of coaguable lymph, effused in consequence of the inflammatory action. It appears, indeed, not to be organised, although it closely adheres to the surface of the part. When we have thus scraped off this covering, we find that the interior of the abscess presents the appearance of a dense texture, that has been compared, and not inaptly, to that of a mucous membrane: it is reddish in colour, firm and compact in structure, and tolerably uniform. This kind of membranous structure constitutes what we call technically the *cyst*—that is, the walls and sides of an abscess; in fact, if the contents were taken out, the abscess would then present a bag or cyst. The internal surface of this cyst is not connected with the matter which the abscess contains. The external surface of the surrounding cellular membrane, and the other soft parts in which the abscess is formed, are closely adherent, being condensed and rendered preternaturally firm in texture by the inflammatory process. This condensation extends to a greater or less distance round the abscess, till it gradually passes into the natural texture of the surrounding parts. In an earlier stage of the formation of pus, there is a considerable portion of this condensed or hardened substance surrounding the cyst; but in proportion as the collection of pus increases, the surrounding hardness becomes less in extent. The *parietes* or walls, or cyst of the abscess, is obviously occasioned by the consolidation of the cellular texture in the part, in consequence of the effusion of lymph into it. The inflammatory disturbance, which excites suppuration in the centre of the inflamed part, produces the effect of interstitial deposition in the circumference. In the language of Mr Hunter, "the inflammation in the centre is suppurative inflammation, and in the surrounding parts it is adhesive inflammation." The cyst thus formed constitutes a natural frame, which contains the pus, and separates it from the surrounding parts. If it were not for this, the pus would be disseminated in the cellular substance of the part in which it is deposited, and, like serum in anasarca, it might extend over the whole of the limb.

The pus which is contained in an abscess formed under these circumstances is thick, homogeneous, and generally of a whitish colour;—when I say *thick*, I mean it is equal in thickness to the thickest cream, and sometimes so thick that it comes to the consistency of a soft solid, such as butter, and generally speaking, the higher the degree of inflammation, the thicker is the pus produced by it. This is the kind of pus which pathologists have called *good laudable pus*—that is, it is a kind of purulent secretion which is produced by a high degree of inflammation occurring in a healthy individual. The pus thus formed is found to be heavier than water—that is, if it is received into a vessel of water it sinks to the bottom; and this circumstance has been considered as a criterion for judging between pus and mucus. Much pains has been taken to point out the difference between these two; for, under certain circumstances, it becomes a matter of importance to determine whether a certain secretion be the product of inflammation—pus, or whether it be a mucous secretion. Unfortunately, however, no very clear criterion has yet been adduced. Between the purulent fluid that has been found in a phlegmonous abscess, and the ordinary secretion from the various mucous membranes, there are such obvious differences, that we are not in any want of a minute criterion; but I believe no criterion can be depended on for distinguishing fluid that is the product of an inflamed mucous membrane, and that which is the product of suppuration. It has been remarked that mucous fluid generally floats in water, instead of sinking in it; but this is by no means universal. Mucus will sometimes sink in the chamber-pot in urine, although urine is of greater specific gravity than water. Mucus is a ropy fluid, while pus does not present that character. But there are intermediate gradations by which the natural viscidity of mucus in a healthy state passes into a condition which bears a close resemblance to pus.

Heretofore an opinion was held that pus is produced by the breaking down or melting of the natural textures of a part; this idea no doubt arose from a cavity being found in a part where suppuration has taken place,—a notion being entertained that the pus consisted of the natural texture that previously filled the cavity, reduced by some strange process into the form of pus. Again, it has been supposed that pus is formed by some putrefaction or fermentation of the fluids of the part. It has further been contended that pus can only be formed in consequence of the process of ulceration. Thus, when pus has proceeded from any of the mucous cavities by their external outlets, it has been supposed that ulceration existed in them. All these notions have vanished in proportion as correct physiology has advanced, and as examinations have been instituted after death in cases of inflammation. Although considerable controversies existed some years ago on this point, these are now completely settled. It has been supposed again, that pus arises from a deposition in a part, and that it gradually undergoes a change that converts it into pus. Now the truth is, that the sides of an abscess secrete pus, and there is no passing through successive gradations—there is no elaboration of fluid to bring it into pus, except so far as respects the commencement of the process, for there is a breaking down of the textures of the part in the first instance to form the cavity in which the pus is afterwards to be contained. The fluid first deposited has a serous, and sometimes a bloody character, though afterwards we find in the same part a secretion, having all the characteristics that belong to pus. This, however, only applies to the first commencement of the process. The same may be said in cases of inflammation of the cutis or of mucous membrane. We do not find that the pus deposited at first is perfect, but that a serous fluid is poured out from the skin, and this is changed for the fluid that constitutes pus. There is a similar gradual change from the colourless viscid mucous secretion belonging to the mucous membrane, to the thick yellow purulent matter which we sometimes see in high inflammation of these parts.

The surface of an abscess secretes the pus which it contains; and it is also capable of absorbing or taking up again the fluid it has deposited. It has a secreting and absorbing surface; and hence we may regard the cyst of the abscess as a kind of new organic deposition in the part.

With respect to the symptoms of suppuration; when inflammation has been of a violent kind; *when it is rapid in its progress, and there is throbbing pain, we may expect that suppuration will occur.* The actual formation of matter in the part is characterized by a cessation of local pain; it becomes less severe, and frequently seems to stop altogether, There is soon, however, a kind of dull aching sensation; there is a feeling of tension; and when the matter is forming, there generally is throbbing. A kind of pulsation synchronous, with that of the heart, takes place in the organ immediately before the formation of matter, and during the time it is forming. At first it is common to have shivering; and this has been in general regarded as one of the most certain signs of the formation of matter in the abscess. Now the truth is, the formation of matter takes place where there are no rigors; and rigors occur where there is no suppuration. Rigors, too, occur in most of the spontaneous inflammations of the body. The most unequivocal evidence, however, of matter having formed in a part, is the soft feel which its presence communicates to the hand of the examiner. When you come to feel the part you are sensible that a fluid exists in it; and if you apply two fingers, making pressure with them alternately, you find that the fluid can be pushed from one part to another, what we call imparting the sense of *fluctuation*. It is often of consequence to ascertain whether there be matter or not; and hence we frequently examine the part carefully to ascertain this point. It is difficult to describe this sensation, and I do not know that it can be done: you will, therefore, only be able to understand the kind of feeling that is communicated by the presence of matter by actually examining the parts where suppuration has taken place. When matter has formed at some depth from the surface, of course it becomes difficult to ascertain the fact. When you examine a part in which the point is very doubtful, it is perhaps not so well to use the fingers of both hands, and press alternately with them, because you often produce a kind of fluctuation where no suppuration has taken place; but if you place one hand upon the part, and then make slight pressure with the other, and if you feel against the hand a resistance or kind of impulse, you may pretty safely conclude that matter is formed in the part.

When suppuration has taken place, the cavity of the abscess, as I have said, extends itself in all directions, becoming larger and larger. In this extension we observe, of course, that it enlarges most readily in those directions in which the resistance is less. Generally speaking, therefore, the cavity of the abscess enlarges towards the external surface of the body, because in that direction there is less resistance to its full development: or it tends to increase towards the surface of any of the mucous cavities or canals of the body. The progress of the abscess, however, towards the external surface, or towards any of the natural outlets, does not depend simply upon the circumstance of there being less resistance, for the abscess will sometimes take either of these courses, even although there should be much less resistance to its progress in other directions. Suppose an abscess to take place in the parietes of the abdomen or chest, and to be seated near the surface of the serous membrane lining the cavity, the abscess will, nevertheless, in a majority of instances, pass through the parietes externally, although it may have been covered internally by a thin surface. However deep an abscess may be formed, and however it may be covered externally by unyielding parts, the natural tendency of the process is to remove the parts that are seated between the collection and the skin, and, consequently, to bring the matter to discharge externally, either on the surface of the body, or into some of its mucous outlets.

In the progress of the abscess towards the external surface, there is a gradual removal of the parts which intervene between the collection and the surface; here, therefore, a new process is required. To bring the matter to the external surface, you must have a regular removal by absorption of the parts that intervene between them. The external surface of the abscess becomes thinner and thinner, and the feeling of the fluid becomes more and more obvious. The fluctuation, as it is technically called, is more easily perceived. As this process goes on, the swelling in the circumference of the abscess becomes reddened; at the same time, the central part, where the sense of fluctuation is produced, swells more considerably, and rises prominently on the surface. The prominence often assumes a pointed form, and we are enabled to see the spot at which the abscess will break. This is that part of the process which is technically called the *pointing* of an abscess. When the matter approaches the skin, this becomes red, tense, and shining. As the skin becomes thinner and thinner, this redness becomes deeper in tint; it assumes a livid hue, until at length the skin ulcerates, and then the matter escapes at the opening. If the cuticle covering the ulcer at the part be thick, as in the palm of the hand, you find the matter will elevate the cuticle extensively, until it gives way, and the matter is evacuated. A certain quantity of the contents of the abscess escapes at the aperture that is thus made; and although the opening formed by the ulceration of the skin is in general a small one, so much of the matter escapes as to relieve the tension of the part, and the patient is considerably easier than before. The sides of the abscess contract in consequence of this abstraction of a portion of their contents. When a fresh quantity of pus has been secreted, it again flows through the opening, and the size of the aperture becomes more considerable by the extension of the ulcerative process. The opening soon becomes large enough to allow the contents of the abscess to drain away; the sides then gradually contract, or collapse, the part heals over, and thus a natural cure is effected. Sometimes, however, where no

tion is constantly taking place, and also, in some instances, where we do not observe the cause, the cavity of the abscess does not become completely obliterated; it is reduced to a small extent, but still there is an external opening from which matter escapes. We find the external opening leads into a small tube, of various extent in different instances; and that small tube, which is the remains of the abscess, and the external opening through which its matter is discharged, constitutes what is technically termed *fistula*, meaning a tube or pipe.

We have next to consider *the treatment* of the kind of abscess I have now described. I have mentioned that the sides of the abscess are capable of absorbing as well as secreting pus; we may, therefore, conclude, that if the process of inflammation could be completely stopped, the pus contained in the abscess might be taken up by the absorbents. Thus the natural cure of the abscess would be effected without the matter being discharged at all. In this way abscesses are sometimes cured without either bursting or being opened artificially. It is, however, not a frequent mode of cure; and certainly, as a *general* rule, we may say that when matter is formed in a part it must either be discharged by the natural process I have now mentioned, or by surgical operation. I think the most frequent examples of cure of abscess by absorption are afforded by venereal buboes. There is a young woman in Magdalen ward in whom a very considerable collection of matter in a venereal bubo has been disposed of in the way I have mentioned—namely, by absorption. She came into the ward with a venereal sore, and the labium pudendi in a state of suppuration; the skin was of a bright red, and very tense. The bubo might have contained an ounce of matter; and, in fact, the skin was so red and tense that I thought it should be opened. Some circumstances led me to postpone it; and when I saw the patient at the next visit, it did not appear to me so large; she felt easier, and I did not then open it. On the subsequent visit it appeared that the bubo was still farther diminished in size; the redness had gradually gone off; the softness and the fluctuation had become less considerable, and the matter was now entirely removed. Thus a collection of a considerable size had been disposed of in the way alluded to. The treatment has simply been keeping the patient quiet, applying a poultice over the part, and giving mercury in moderate doses.

The dispersion of abscess in this way does not take place often enough to lead us to found on it any general mode of treatment. With reference to that particular object, it may be said that the mere occurrence of suppuration is not a sufficient reason for giving up the employment of antiphlogistic means, which have been previously used to reduce the inflammation. There is often a great deal of inflammation existing, and a great deal of redness and hardness, although no matter is formed in the part; and we often may continue leeching, with the general means that are calculated to lessen the inflammation, although we already see matter formed at one point; and such a course of proceeding will be likely to favour the dispersion of the abscess by absorption. When matter has formed, we may leave it generally to itself, avoiding all those causes that would be likely to disturb the natural process. Thus we should keep the part at rest, and covered with a soft poultice; place the patient on low diet, and pay attention to the general health; and with this assistance we may allow the abscess to go through its own course. It is, however, frequently found necessary to discharge the matter by an artificial opening, and different modes have been taken to accomplish this object. Generally, when we attempt to discharge the abscess artificially, we should do so by the direct means of a puncture, or incision—that is, by making an opening in the collection with a cutting instrument. The common broad lancet has been used for this purpose, but this is not the most convenient, and I think the best instrument is the straight double-edged bistoury. It punctures very easily, on account of the sharp point; and when you have carried it into the abscess, you can easily extend the opening to any size you wish. With this instrument you can easily puncture the abscess equal to the breadth of the blade; and if you wish to have the opening large, you can extend the incision by a slight motion of the hand, as far as you please. If the skin has become firm, then you will generally find it necessary to make a slight incision, in order to let out the matter, and you will find the opening but little bigger than if you make a small puncture. It is not necessary to make a large cut, as some gentlemen do; and still less is it proper to introduce the finger into the cavity of the abscess. I remember seeing a surgeon make an opening, and introduce his finger, and turn it round several times, inflicting great torture on the patient, for the purpose of removing the core. In fact, discharge in any artificial way from an abscess is apt to produce an accession of inflammation in the part; and if, in addition, to this, you press or squeeze the part, and use any violence that is not necessary, you of course augment the inflammation still more. For this reason, in general, it is sufficient merely to make the puncture, or incision, and let the matter exude from it by itself. It is by no means necessary to squeeze the part; you are not to consider it a point of importance to empty the cavity of the abscess; for you observe that Nature does not do that. She makes a small opening, and a little matter exudes from it; then it is extended by ulceration, and an additional quantity of matter is thrown out by it. The plan she adopts is not to get rid of all the contents; nor is there any advantage arising from it. If it is accomplished by pressing the circumference, there is not only no benefit, but a considerable disadvantage. Having made a puncture, or incision, cover the part with a fomentation for half an hour, so that the matter may be more considerably discharged by the gradual oozing from the sides of the abscess; then apply a soft poultice, which you may continue till the healing process is accomplished.

Now it is of considerable consequence to determine what are the cases in which abscesses may be left to their natural course, and what are the cases in which it is desirable to make an artificial opening for the discharge of the matter. When the collection is near the surface, and when it is seated in an unimportant part, you may leave Nature to herself, to do her best. But there are various cases in which you wish to abridge the period of the inflammation, or to limit its extent.

I have stated to you generally, that the matter contained in an abscess gradually approaches to the surface of the body; but when it is deep-seated, and when, in its progress to the surface, it meets with textures of an unyielding kind, it cannot proceed; being resisted in its progress to the skin, it extends in other parts, where less resistance is offered. Thus, when matter is formed under the fascia of the thigh, for instance, which is a very tough and unyielding part, it will be a long time before it makes its way through; but it extends in all directions under the fascia. The abscess becomes larger in size than it would be if these particular circumstances did not exist. When matter is formed deep in a limb, among the muscles, it meets with more or less resistance, either from the fascia or tendons. Under all such circumstances it is advisable to make an opening as soon as you have assured yourself that matter exists. You would, therefore, open an abscess early if it took place in the fore-arm, or the leg, or the thigh; and more particularly if the formation of matter took place in the palm of the hand, or the sole of the foot. There is such a density of fascia, and an integument so firm and unyielding, that the matter does not come to the surface when it forms in those parts; on the contrary, being confined, it makes its way between the tendons, and produces extensive mischief. You must therefore, as early as possible, open a collection of matter which takes place in those situations; and you must frequently make an incision, when you cannot, by the sense of fluctuation, or by external examination, ascertain that any matter has actually formed. The same observation applies still more forcibly to matter forming about the periosteum; for there the matter is confined by a firm texture, and if it is not let out, it extends to the whole line of the bone. When active inflammation takes place in a part where there is a large quantity of cellular tissue, there the abscess will become considerable, unless you discharge it early. This is the case about the anus and the perineum; and more particularly in matter forming where there is a good deal of cellular membrane that is covered externally by muscles, as in the axilla, the groin, and the neck. In the neck there is a considerable quantity of cellular membrane by the sides of the trachea, œsophagus, and about the carotid artery and jugular vein. These are covered by fascia; and it not unfrequently happens that the formation of matter takes place in the cellular membrane deep in the neck, and in consequence of the collection being covered by a firm texture, it has no disposition to make its way externally;—in fact, the matter will descend along the vessels of the neck, towards the cavity of the chest. There is not only this danger, but the patient suffers excessively during the time the matter is forming, in consequence of the large nerves and the important parts that are situated in the neck. Matter frequently burrows under the œsophagus and trachea; and we find active febrile disturbance under those circumstances. I have seen a patient, from matter of this kind forming under the jugular, delirious for several successive nights. Here you must proceed to make an opening, as soon as you have obtained sufficient proof that matter has formed.

You will see, under the circumstances I have mentioned, that you are obliged to make an opening for the discharge of the matter, when it is seated so deeply that you cannot have the evidence of fluctuation as to its existence. What, then, is the evidence that convinces you that matter has formed? You must consider the symptoms that have attended the original progress of the complaint; you must consider the pain, and examine the swelling of the part. There is generally, in the formation of an abscess, a swelling of the parts, with serous infiltration, and it is a sign of considerable importance in determining this question. In cases of this kind, when the symptoms are very prominent, and, from the collection of circumstances that I have just mentioned, you have come to the conclusion that matter is probably formed, although you cannot feel a soft place, you are fully justified in making an opening, notwithstanding it sometimes happens that you do not discharge the matter. There is no harm in making a puncture even where there is no discharge. The matter is very deep in the cases I have mentioned, and you may have to penetrate the whole length of the blade; but if the abscess is seated in the neck, you must be chary in the part you select for making the puncture, so as to avoid the blood-vessels.

It is necessary, in cases where the matter lies deep, to make a free opening, because you cut through parts that are in a healthy state, and the sides of the opening will speedily close by adhesion, and thus the further escape of the matter is prevented. You should therefore make a more free opening, under such circumstances, than if the matter approached nearer the skin. You must not only make such an opening as to prevent the parts from uniting by adhesion after a short time, but you must also put something between the edges; for we find that otherwise they adhere in 24 or 48 hours after the matter has been evacuated. You should also open the abscess as early as possible when it forms in any part of a dense, unyielding structure—such as the finger, where, besides the tendons, there is a considerable proportion of blood-vessels and nerves (and the process of suppuration occurring in a part highly organized, is always attended with excessive pain). This rule applies to all formations of matter about the hand and fingers, the pain accompanying such being of the most severe kind, and you cannot too speedily relieve the patient from his suffering. Moreover, as all depositions of matter remote from the surface, in the palm of the hand, are apt to spread, and give rise to subsequent important mischief in the part, you must make an opening, even though you are not certain that matter is formed. There can be no risk in the wound inflicted by a puncture; the worst that happens is, that you may make a puncture through the skin without actually discharging the matter.

When matter is seated near any of the great cavities of the body, or any of the large joints, it is proper to open the collection early; not tha-

there may be great fear of the matter penetrating into those cavities, but because there is a risk of such occurrence. The matter itself produces no material effect on the parts; it does not corrode, or act chemically on any textures that come in contact with it.

Another case in which a collection of matter should be opened early, is where it is produced by the introduction into the cellular membrane of an irritating fluid—such as an effusion of urine, or of fœcal matter; more particularly if such effusion still continue. The only way to avert the mischief which will be produced by such an irritating cause, is to make a free and early opening.

When matter forms in certain parts which are of great importance to life, in consequence of their functions—such as in suppuration about the fauces or the entrance of the larynx; and, in fact, in any formation of matter about the trachea or œsophagus—it ought to be opened as speedily as possible.

With these particulars I shall conclude our enumeration of the cases in which it is important to open an abscess early, so as to anticipate the process of nature and produce an external discharge sooner than it could be accomplished by natural means.

ON TETANUS INFANTUM.

BY JOHN HANCOCK, M.D.

(For the Medical Times.)

This disease is, in the West Indies, commonly called *trismus*, or *locked-jaw;* but the term is not appropriate, since the disorder consists not only in a spasm of the muscles of the jaw, but is, in every case which I have seen, an universal spasm or rigid contraction of all and every muscle of the body. It attacks new-born infants under nine days, and seldom at a later period. It is so very fatal in the colony of British Guiana, that, at an average estimate, it kills one half of the infants which are born there; and I have been informed that nearly the same proportion is destroyed by it in the neighbouring islands. On certain estates of Demerara it is not unusual to dip the infants in cold water, and wash them therewith, immediately after their birth; and when this is done very few are lost, while many die on the adjacent estates where no use of cold water is made. I can, moreover, from my own knowledge, assert that the native Indians universally employ cold water in the manner here described, and I have never heard of an infant among them that had the infirmity in question—an infirmity that has baffled the skill of almost every medical practitioner who has hitherto attempted its cure.

It occurs in this country (Great Britain) at times; but so rarely as to be seldom recognized, and is for the most part set down under the title of convulsions. Still, however, I am persuaded that its occurrence here is much more frequent than is generally supposed.

The chief and essential cause of tetanus infantum I consider to be an irritative impression made on the nervous system by the compression of the umbilical cord, in consequence of the ligature which is applied to it at the birth—a practice which, to say nothing of its destructive tendency, is utterly unnecessary and uncalled for. It has doubtless arisen from the doings of intermeddling midwives or officious accoucheurs; and most practitioners, treading in their steps, follow the example, heedless of the consequences.

It may be objected that the navel-string soon loses it vitality, and frequently drops off before the tetanic symptoms appear; and it may be asked how, in cases of this description, can such be the cause of the malady? To this I would answer, that the irritative impulse which is early communicated to the system, remains dormant for a certain time, more or less, according to the sum of the exciting or secondary causes, viz. the natural susceptibility of the infant, with the presence of various agents, as heat or cold, impure air, smoke, tight bandages, and improper treatment of any kind,—all tending to promote and excite the first efficient cause, and bring it into action. In short, it is not necessary that the primary agent should of itself continue to act. It is sufficient to show, that it gives the first irritative impulse, which is brought to a crisis by the other causes mentioned.

We know that in cases of hydrophobia, the virus of the rabid animal remains dormant in the system for weeks, months, and even years it is said, until its malignity becomes operative, producing fatal convulsions. Why, then, may not other maladies to which the human frame is subject owe their origin to causes which do not immediately show their effects? Again, in traumatic tetanus arising from wounds, how often does it occur that the disorder does not appear in the person until the wound is perfectly cured!

A sympathy does and must exist wherever there is any circulation of the vital fluid, and of the nervous influence; and it appears that, where the circulation is but partial, as in tendinous parts, the nerves are more subject to agitation on being wounded; and this may account for *locked-jaw*, as it is called, happening more frequently from injuries in the foot. As like causes produce like effects, the same would happen were any other part of the body, having a similar degree of vitality, wounded; and as it is well known that this degree of vitality exists in the cord after the birth of the infant, it follows, as a matter of course, that any violence done to it may be attended with the same distressing consequences.

The umbilicus of the nascent fœtus is supplied, like every other organized part, with nervous fibrillæ. The sensibility of these nervous fibres should be blunted or destroyed by the application of powerful stimuli to their extremities, as spirits of turpentine, &c. The practice of applying turpentine, laudanum, and other stimuli to the cut end of the cord, presupposes an irritability or susceptibility to impressions in that portion of the cord remaining attached to the child; for any applications to a dead, inorganized substance would be entirely futile. It is not to be doubted, then, that there is, for some time after, a sympathy existing between the extraneous or caducous part and the living principle in the child: in other words, that it participates imperfectly in the vital functions. The application of turpentine, on cutting the cord, is thought, by some, to be a complete preventive of locked-jaw. It may, when other circumstances are favourable, have some influence, but is not alone worthy of much confidence. May not the disorder be prevented by applying a cautery to the cord, after being cut, instead of tying it with a ligature? I have seen the Indians of Guiana apply a piece of coal, heated to incandescence, to the end of the cord, and leave it without a ligature; and, as before observed, I have known no instances of locked-jaw among them.

On the occurrence of incipient symptoms, I have often observed much irritation and a livid appearance of the umbilicus, from neglecting the part and binding it too tight; and I have seen it quickly relieved by cleanliness, and a warm emollient cataplasm. I believe that the disease depends less on the mode of cutting, or the application made to the cut end of the cord, than to the after irritation excited by sore at the belly, where the cord separates; and if this be a just view, the inference is, that every attention should be paid to that part; and in assisting nature, by the most soothing applications, to throw off the caducous portion, without perturbing the frame of the delicate little microcosm.

Opium, early administered, is a very useful remedy; and even so when the disorder is confirmed, and when the greatest power is required to break the spell. In recent cases it will frequently remove all symptoms. Let one drop of laudanum be given on the first day, increasing it by one drop daily until the period of danger is past. Let the cord bleed a little on cutting the umbilicus—a spoonful or more, if the child appears livid and suffused with blood; bind the belly loosely, and keep the part dry.

It now only remains for me to notice, that another efficient cause of locked-jaw lies in the purging plan, so generally but most ridiculously pursued. Of this I am fully convinced, since I have found the disease, both in infants and adults, to be constantly aggravated by purging. The plantation, Walton Hall, coast of Essequibo, had lost many infants under the usual treatment, when, some years ago, a prescription by a supposed *connoisseur* was suspended at the entrance of the lying-in house, which directed that the navel-string should be dressed with spirits of turpentine, and that a certain purging mixture should be given daily. I do not remember the composition of the latter; but castor-oil was the main ingredient. It was followed for a year or two, during which time four-fifths of the infants born upon the estate died of locked-jaw! Thus, by the use of purgatives, our best intentions may be frustrated, and a potent source of irritation upon the tender bowels of the infant maintained, directly tending to induce tetanus in its most aggravated form, and that at a time when the nervous system is already in a perturbed state from the separation of the umbilicus.

PRACTITIONERS VENDING QUACK NOSTRUMS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Mr Editor,—I cannot but observe with disgust the direct way in which many regularly certificated practitioners favour quackery in its vilest form. I allude to their exposing in their shops those vile nostrums, patent medicines. Walk through this metropolis, and you will find *too frequently* over their doors, "Mr So-and-so, Surgeon and Accoucheur": upon their windows, "All the Patent Medicines sold here." On the one hand, they claim by their diploma the confidence of the public, and on the other, they mar that confidence by their encouragement of quackery and its vile poisons. What better are *they*, Mr Editor, than quacks *themselves*, since they so openly sanction vile tools with which it works? No matter how they clothe themselves in diplomas or certificates; so long as they foster the brutal workings of a Morrison or a Holloway, they meet the contempt of every honest and straightforward practitioner. Quacks and their *specifics* are the deadliest enemies of the regularly educated medical man; but if medical men will cherish and fondle the viper, do they not in turn deserve to be stung? Castigator.

[We think *Chemists* are the chief delinquents. We should be glad to receive the names of *Apothecaries* who are guilty of this quackery.]

It is reported that Robert B. Todd, M.D., F.R.S.G., late of Dublin, and formerly Professor of Anatomy and Chemistry at Aldersgate street and Westminster schools, and now Teacher of Anatomy in King's College, is the opponent of Mr Hillas for the vacant chair at the University of Patagonia.

SUCCESSFUL TREATMENT OF GOUT.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—Enclosed, I take the liberty of transmitting to you particulars of a case of gout, treated according to a plan which, to the best of my knowledge, has the merit of originality as well as that of acting almost as a specific in every case where it has been tried, both in my own practice and that of several of my esteemed friends. Wishing it to be tried most extensively is my reason for writing to your journal, in the hopes that the profession may be induced to give it a fair trial, and report the result through the same channel. With every wish for the success of your journal,

I have the honour, &c.

C. H. RAWLINS, M.R.C.S.
Lecturer on Obstetricy.

CASE.—J. A., æt. 54, captain of an East Indiaman, has been subject to several attacks of gout for a number of years, and has tried every remedy that his medical adviser or friends could think of, with little or no benefit. Scarcely one of the vaunted quack remedies advertised as perfect specifics but which he has tried, and found to be only a specific mode of abstracting sundry shillings from his pocket. Last March he was seized with a violent attack of bronchitis, for which I attended him; and, among other topics of conversation, the subject of his old complaint was introduced, when I informed him that there was a plan of treatment which I thought would relieve him. This he could scarcely credit, but at length consented to try it. Accordingly, as soon as the bronchitis had completely subsided, I ordered him the following mixture. The pills were merely to regulate his bowels.

R. Mist guaci, 6 oz.
Vin. colchici, 1½ drs.
Acid acet. fort. 1 dr.
Tinct. opii, 20 m.
Sumat coch. iij. larg. nocte maneque.

R. Ext. coloc: C. 10 grs.
Pil. hydrarg, 5 grs.
Fiat pil. iij, sumat j. Omni mane.

The first dose of this acted, to use his own words, like magic. He felt perfectly comfortable, and had an excellent night's rest. Next morning he again took a dose, and was delighted to find that all pain in the parts affected had ceased, the swellings rapidly subsiding. Since then he has always had recourse to the same remedy at every return of his tormentor, with like success.

SPIRIT OF THE MEDICAL PRESS.

BAYONET WOUND OF THE BRACHIAL ARTERY.

Mr. S., a respectable merchant, suffering from near-sightedness, when walking in the street, near night, met a person trailing a musket with the bayonet fixed. Mr. S. walked directly against the point of the bayonet and wounded the brachial artery just below its commencement. He felt the blood flow down his arm, and also his body; he became faint, but revived sufficiently to reach his residence. When seen by Dr. Barton soon afterwards, he was excessively prostrated—his pulse almost imperceptible—his skin cold, and the blood still flowing from the wound. The vessel was not entirely severed. But for his great debility Dr. Barton would have immediately applied a ligature, but deemed it, under all the circumstances of the case, more prudent to defer an operation to a subsequent period, particularly as the hæmorrhage was controlled without difficulty. The proper means for exciting reaction were resorted to—a roller applied with great care from the point of the fingers, upwards, and immediately secured a graduated compress over the wound. An angular splint was bound to the arm by another roller, and the whole secured firmly to the body. On removing the outer dressings, the greatest care was observed to prevent motion, and the injured part was not disturbed for three weeks from the occurrence of the accident. There was no suppuration, and the cure was perfect. So extensive was the effusion of blood into the cellular tissue, that the discoloration extended along the arm nearly to the elbow—down that side of the body almost to the pelvis—and from the median line in front to a corresponding point behind.

REMARKABLE CASE OF PARTIAL SWEATING.—BY S. S. MARCY, M.D.

JOHN FALLOPIUS, aged 45, a healthy athletic man, except that he has had repeated attacks of intermittant fever of every type, tertian, quartian, quotidian, and double quotidian, has been, for the last six years, free from any disease; "but while in the recumbent posture he is subject to perspiration confined to the upper half of the body and extremities—the opposite or under side perfectly void of any moisture—temperature natural—change his position to the opposite side, and in a short time perspiration subsides on the side he is lying on, and commences on the upper side again, and so on as often as he changes his position. A line of perspiration would be correctly marked by a line drawn from the centre of the frontal bone to the pubis, including the extremities. The patient has often amused himself and friends, by noticing his one-sided sweating propensity, on changing his position from side to side. While in an erect position (and he is subject to profuse perspiration in a degree greatly disproportionate to the exertion or exercise he takes), the perspiration was uniformly diffused over the whole surface, but during the past extremely warm summer, his eccentric perspirability continued even in the erect position, and he continued to amuse his friends by exhibiting one side of the face covered with pearly drops of perspiration, while the opposite side was entirely free from moisture. Since it showed itself in the erect position, it is confined to the left side exclusively, and so continues."—*Dub. Med. Press.*

CATARACT CURED BY A SETON PASSED THROUGH THE EYE. BY DR JUENGKEN.

A shoemaker, aged 65, was attacked in May, 1837, with opthalmia affecting both eyes, and uncontrolable by antiphlogistics. Hot compresses were applied to the eyes, which were followed by copious suppuration, perforation of the cornea at several points, and hernia of the iris. In June, the patient consulted Dr. Lœwenhard. The inflammation still persisted,—several staphylomata existed in each cornea,—and he was completely blind. Local bleedings, opiate frictions, and derivatives restored, (after the lapse of two months and a half,) the transparency of the cornea, which, however, adhered to the iris at the points that had been staphylomatous. A slight degree of chronic inflammation of the eye-lids still remained, and vision, as may be supposed, was very indistinct. The patient was, however, so well satisfied with his improved condition, that he refused to submit to further treatment; the conquence of which was, that complete blindness resulted at the latter end of 1830, and the patient then entered the clinical hospital at Berlin; and, in the middle of February, 1831, Professor J. formed two artificial pupils with such success, that in four weeks the patient left the hospital, declaring himself cured. In two months a fresh attack of inflammation rendered him again completely blind, and he returned to the hospital. The eye-lids were then very much inflamed—the vessels of the conjunctiva, covering the globe of the eye, excessively developed—the cornea adhered at several points to the iris, and the borders of each artificial pupil adhered to the capsule of the lens, which was completely opaque. The inflammation having been appropriately treated, Professor Juengken, despite of the unfavourable circumstances, attempted to depress the cataract, but on introducing Beer's needle into the posterior chamber, through the sclerotic, he was unable to break up the adhesions between the iris and the lens, and was obliged to withdraw the needle, and then determined to try whether those adhesions might not be destroyed by means of a seton passed through the eye. A fine curved needle, armed with a thread of silk, was passed through the sclerotic, so as to embrace the lens behind, at a point corresponding to where it adhered to the artificial pupil, the needle was brought out at the opposite side, through the cornea, and the ends of the thread fixed at the angle of the eye. The seton passed through one eye only. At the expiration of 24 hours, the entire globe of the eye was violently inflamed. The seton was then withdrawn, and there was soon a manifest diminution in the volume of the crystalline lens and its capsule, the absorption of which organs proceeded gradually, so that at the termination of eight days they had disappeared, the wound made by the needle had cicatrised, and though the artificial pupil had lost its contractility, the patient was able to resume his occupations. Professor Juengken concludes from this case: 1st, That a moderate irritation excited in the globe of the eye may cause the absorption of the crystalline lens. 2d, That a seton passed through the eye may produce this effect. That the seton should be left in 24, or at the utmost, 30 hours. 4th, That the absorption of the lens will not be complete for ten days. 5th, That it might be necessary to repeat the operation.—*Casper's Wochenschrift*, 1838, and *Arch. Gen. de Med. July*, 1839.

MORTALITY IN MALTA.

MAJOR TULLOCK has an important and interesting paper in the new number of the 'United Service Journal,' on the Medical Statistics of Malta. From the absence of all malarious agencies, the climate of this island has been supposed exceedingly salubrious. The returns adduced, however, show that, compared with Britain, the mortality is as 25 to 22 per 1,000 of all ages: among the troops during the 20 years antecedent to 1837 it averaged 18 7-10ths, and the admissions into hospitals, 1,142 per 1,000 of the force annually. Passing over the ordinary forms of diseases, such as fever, ulcer, syphilis, hepatites, and others whose fatality in the tropics is proverbial, the prevalence of diseases of the lungs, in a climate hitherto supposed peculiarly favourable to persons predisposed to them, is noticed as a singular circumstance. Consumption, in particular, cuts off a larger proportion of the population, both civil and military, than it does on the whole united kingdom; for it appears, by the bills of mortality, that two-thirds of the deaths are from this disease. Thus, Major Tullock concludes, a strong confirmation is afforded of the advantages of testing all medical theories by reference to numbers. Of what use is it, he asks, to talk of any class of diseases being less prevalent or fatal in one climate than another, when a summary of the number attacked, or who died, out of any given force in each, conveys at once the information in a specific form, and prevents the possibility of error. All generalities of expression should for ever be interdicted in a profession which, more than any other, requires to be based on the solid bulwark of facts.

NUMBER OF MEDICAL MEN IN PARIS.—There are now in Paris 1,310 physicians, and 200 "Officiers de Santé," making a total of 1,510 persons exercising the healing art; the population amounting to 900,000 souls, there is thus one physician for every 596 inhabitants. In the rural districts there is usually one medical man to 1,000 inhabitants.

APOTHECARIES' HALL.—Names of gentlemen who passed on Thursday, November 28:—Morton Graves, Staunton, near Coleford; John Carnes, Durham; and Henry Munroe, Hull.

STUDENT'S CALENDAR.

MONDAY.—London Medical Society, Bolt court, Fleet street, at eight, P.M.
THURSDAY.—Operations at St George's, at one.
FRIDAY.—Operations at St Thomas's.
SATURDAY.—Operations at St Bartholomew's, at one. Westminster Medical Society, Exeter Hall.

TO CORRESPONDENTS.

A ST GEORGE'S STUDENT *thus describes the preparations for an operation by Sir B. Brodie, Bart. He says "the theatre, and especially the lower benches, were crowded to excess. Among those present were several teachers of anatomy, a number of young surgeons and hungry doctors in medicine who are always to be found hovering about at St George's in quest of office. These may, perhaps, be classed with propriety under the order sycophantæ, as they come every day as regular as clock-work to get a morsel of lunch in the board-room. Mr Keate, that crabbed, crooked, clever old stick, was also there, together with the surgeons, house surgeons, &c., and in the midst of this motley group was the baronet himself, and behind him stood his obliging and exceedingly officious dresser Mr Warder, who seems to gain an inch in stature, and an ell in conceit, every time the baronet speaks to him."*

A MEDICAL STUDENT.—*We certainly have heard that Wheeler, of the Apothecaries' Hall, has been assaulted more than once for his insolence to candidates. The individual cannot have a particle of proper feeling, to insult and frighten young gentlemen, fully his equals, whom the law compels to appear before him and his colleagues.*

N. B.—*Send some other portrait.*

VERAX.—*We will attend to it.* "'Tis true, and pity 'tis, 'tis true."

FINSBURY ELECTOR.—*We are not aware that Wakley ever appeared in any cases in that character, except in his own and that of Van Butchell.*

DR ROWLEY, *now lauded in the 'Lancet,' is the man who for weeks, nay months, was held up to public shame as a renegade—the man whose name was printed in large capitals in that model of consistency as* "ANOTHER CANDIDATE FOR NOTORIETY."

HIPPOPOTAMUS.—*The first number of Grant's great work on comparative anatomy appeared on July 23, 1835, and not much more than twelve months intervened between the publication of the two last parts. The execution of the numerous wood-cuts rendered the* tardigrade *appearance of the work totally unavoidable.*

"DR" BARNES.—"*I did not* purchase *my diploma, but it was* presented *to me without any* cost. *(Much cheering and cries of 'the bachelor.') Aye aye, I shan't say any more: I cannot but regret that some of my colleagues are a little too sensitive about the truth (a laugh).*"

A CONSTANT SUBSCRIBER *must not place the notions of our Correspondents to our account.*

U. S. U. C.—*The habit of sucking a catheter is a very characteristic trait in* the operator's *character. In appearance he is like a bricklayer in his Sunday clothes.*

A SUBSCRIBER—W. A. B.—*sends us the following, which we commend to the attention of Dr Elliotson:*—"*Physicians have recommended various remedies for that uncomfortable state which often follows a previous evening's debauch—some prescribing 'a hair of the dog that bit you'—others a bottle of soda water—a few drops of any mineral acid—a teaspoonful of ag: acetat: ammoniæ—a red herring, &c.; but by far the most effectual remedy for this dis-ease is a drop of* kreosote, *taken in a soda or seidlitz powder!*"

So writes a YOUNG *medical friend of mine—The following was the way in which he discovered it:*—"*Why are red herrings so useful in this? Is it owing to their containing salt or muriatic acid? No; because, if so, other salt herrings would be equally useful. What other principle, then, can they contain, which would effect our object? Is it not owing to their having been* smoked, *and thereby having pyroligneous acid or* kreosote *generated in them?*" *Such was his reasoning; and upon making trial of it he found that it far exceeded his expectations—his own words are,* "*This I find worth half a dozen red herrings!*"

THE MEDICAL TIMES.

WHAT HAS BEEN DONE FOR MEDICAL REFORM?

As the time is rapidly approaching when the legislative wisdom will commence the new session, it behoves all who look to that quarter for the mitigation of evils or the redress of grievances to be on the alert. To those members of the profession who desire to see the science of medicine followed out in its fullest and most perfect sense—to those who wish to have the profession of medicine cleansed of the dire impurities which have retarded its onward progress in improvement—to all who have looked to MEDICAL REFORM as a means of elevating the character of the healing art and its followers, and advancing the public weal—to all these each new session of Parliament has been productive of hopes which were fated as often to be destroyed. Every branch of the commonwealth has been subjected to the searching scrutiny of the public eye, save the Medical Institutions; every domestic grievance has been complained of, save that of medical mismanagement; and all Reform demanded by the public at large save that which sooner or later affects every member of the community—MEDICAL REFORM.

This is not a subject in which the profession are alone concerned; and it is from such a mistaken supposition that so little progress has been made. Every man, woman and child, high and low, rich and poor, young and old,—ALL are vitally concerned in the advance of medicine as a science, and in the respectability, talent, and welfare of those who practise it as a profession. The public should join with the medical reformers to advance the just views of both parties; and by these means, and these alone, can any improvement be looked for. If any proof be required that a greater addition of strength be requisite, let us see what has already been done. For fifteen years has the 'Lancet' been crying Medical Reform—for fifteen years has its editor been shouting for a reformation of abuses—for fifteen years has he been bullying and abusing each member and section of the profession in turn—for fifteen years has he been busy with abuse, with promises and cajolery, and what has been gained? Simply this. That MR THOMAS WAKLEY has been converted from a threadbare student in a three shilling Borough lodging into Thomas Wakley, Esq., of Bedford square Member of Parliament for the borough of Finsbury, and Coroner for the county of Middlesex. Surely this is sufficient reward for that portion of the medical brotherhood who for so long have been unwearied in their exertions for reform—surely they must be satisfied with the exertions of their favourite. If he has forgotten his pledges, he has recollected himself; and though he has been silent for the profession, he was most vociferous for the Dorchester labourers.

Another great gun from whom much was expected in conjunction with Wakley was MR WARBURTON. What did he do? He got a committee—he lorded it over the witnesses—he had the evidence printed in most goodly volumes, and there his exertions ceased. He went to sleep, content with the vast reforms he had effected, and the glory he had obtained as a "philosophical" legislator. *Requiescat in pace.*

So much for dependence on self-created leaders—so much for parliamentary palaver and editorial humbug.

Let all those who are truly interested in MEDICAL REFORM at once discard these convicted renegades—let them henceforth place no faith in those who have shown themselves so utterly faithless. Before the session commences, let measures be taken for securing legislative attention to the subject; let not merely the professional, but the general press, be called upon imperatively to place the question broadly before the community in general; let every opportunity of creating PUBLIC OPINION be cherished and improved; and then, after years of disappointment, we may perhaps look with some reasonable confidence for the advent of better things.

THE MORNING POST AND A QUACK "SPECIFIC."

TRULY may we cite the poet's simile of the dying eagle pierced by an arrow, guided by a feather from its own breast, when we find the press to which truth owes so much—from which modern civilization has sprung—using its power to advance, by the vilest and most insidious means, that quackery which it is its true office to expose. We never saw a more gross case than one in the 'Morning Post' of Monday last. Under the sanction of the editorial pen—in the guise of a review, and in the most plausible manner—a *quack specific* for gout is puffed. We must for the present content ourselves with asking the manager of that paper whether it gained admission surreptitiously, or whether it was paid for; and, if paid for, may we ask Mr M'Manus the price!

DR ELLIOTSON, LISTON, AND OTHER PROFESSORS OF UNIVERSITY COLLEGE.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I have withheld my condemnation of Robert Liston a reasonable period; I have refrained from exhibiting him as a convicted intriguer and personal enemy of Dr Elliotson. But, as this northern luminary is silent, I shall proceed with my stricture on his conduct to a man he can never rival—one who stands high on the pedestal of fame, which he can never approach. Nature intended Liston for a decent butcher. His Herculean frame, his large red *hands*, were formed for that occupation. In a slaughterhouse he would have been great—his personal strength and uncouth language have been estimated. *There* he might have passed his days in obscurity; and, if of sober habits, he would have been respected by every member of the "greasy tribe." But accident induced him to enter the medical profession, and he has committed sins against science—outrages against courtesy; he has evinced a scorpion-like feeling towards a man eminent for his varied abilities, and has *exulted* in a *vulgar* strain at these actions. What a contrast does the conduct of Dr Lindley, Mr Graham, and Dr Grant present to the wretched and base intriguers, Liston, Quain, and Davis! In the former gentlemen we find liberality, courtesy, and a just appreciation of the claims of Dr Elliotson; in the latter we meet with every feeling that can animate the vain, the superficial, and malignant. Indeed, Dr Lindley, whose conduct throughout the conspiracy against the late professor has been distinguished by manly integrity, declared with honest warmth, "*That he thought the* FACTS *which he had witnessed relative to mesmerism deserved investigation.*" But the Scotch, Irish, and Welsh tribe condemned animal magnetism without deigning to *examine* the extraordinary phenomena daily presented to the world. If no other fact were adduced, this one instance of gross illiberality would stamp their conduct with irredeemable infamy. Dr Sharpey, towards whom I entertain great respect, is not exactly free from imputation in this unhappy intrigue. If he had any doubts relative to mesmerism, it was his bounden duty as a physiologist—in fact, it was his duty as a lover of science—to have *investigated*, and *then* pronounced an opinion. But, no; fear or *over-cautiousness* prevented him from doing justice to his talented colleague; and he writes a letter, declining to connect himself with any one to examine into the *truth* or *falsehood* of an alleged science; yet, with peculiar inconsistency, worthy only of the "*unhappy spirit*" himself, he declares, in his note to Dr Elliotson, that "*these phenomena (mesmeric) are, or seem to be and possess, a* VERY *high degree of physiological interest.*" If, therefore, Dr Sharpey felt no wish to enlarge the field of science by prosecuting new discoveries, he should have understood that a little courtesy was due from one gentleman to another—that the fact of Dr Elliotson prosecuting mesmerism *disinterestedly*—that that learned physician had been the main *cause* of founding that hospital from which he has been driven by a foul conspiracy—that Dr Elliotson had increased the number of pupils, and raised the reputation of the college of which Dr Sharpey is a professor—that Dr Elliotson's class was *increasing* instead of decreasing—that these facts should have taught the professor of physiology to pause before he sanctioned a course of conduct pursued by his colleagues, which tended to deprive his own college of the exertions of a physician who felt the deepest attachment to the institution. I have no feelings but those of respect for Dr Sharpey; I admire his scientific attainments, gentlemanly deportment, and suavity of manners; but I deeply deplore his *over-cautiousness*. Light and darkness are not more dissimilar than this eminent physiologist and the "unhappy spirit" Liston. After all the indignities Dr Elliotson received from a majority of his ignoble colleagues, abetted by a besotted and *unscientific* council, he had no alternative but to resign. He has one proud consolation, that he left the college a flourishing institution. He may have to deplore its premature decay. Had Dr Elliotson remained, his great wealth, his freedom from the ties of marriage, or the pleasing burthen of children, would have enabled him to accomplish the first wish of his liberal nature. He would have attached wings to the college and hospital, and made the institution unapproachable in science as in prosperity. Having brought my remarks within the limits allowed me by the editor of this journal, I will stop for the present. I must, however, say that I have no knowledge of Dr Elliotson, except through report. I have no personal predilection to gratify—no object save justice. I know him to be a just and a good man; and, although unknown to him, I wield my pen for him and the interests of justice and science.

CENSOR.

LETTER FROM MR WAKLEY, M.P.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I did not intend to notice your journal, or your notices relative to my public character; but, sir, the insinuation that I had ceased to be the Editor of the 'Lancet' renders my denial of such an imputation entirely necessary. Again you, in a review of the late Mr Meade's 'Manual,' insinuate that there is some mysterious connection between us; you say, "*The Editor of the 'Lancet' always felt a great interest for Meade, and it was* NATURAL *he should.*"

Now, sir, there is not a withered leaf the autumnal wind strews upon the earth that is so valueless as the attacks of the press on my character or reputation; but your insinuations for the first time touch me home—they refer to the past—oh! that I could steep my senses in stern forgetfulness. The allusion to my not being the Editor of the 'Lancet' is utterly false, but I admit that the numerous avocations which a grateful people have "thrust upon me," render my attentions to that journal less frequent; but I am the proprietor, ay, the sole proprietor, and I defy any person to prove to the contrary. Hence, sir, my name is appended to the wrapper, and there it shall remain. I intend that journal to descend to my eldest son. It shall be an heir-loom in my family, and future generations springing from the parent stock will point to the volumes with a proud smile at the recollection of the great good effected by my pen. Sir, I am the founder of my race—the name of Wakley shall never die!

With respect to your second insinuation relative to poor Meade, this, I confess, astonishes me; nothing on earth could have moved me so much. You have not directly charged me with *paternity*, yet your vile inuendo is deeply lacerating; but I know the hand that inflicts the blow, and, although my vengeance is slow, it is sure to reach the ungrateful wretch. I shall not deny that I behaved to Meade through life as a *father*, and he paid me the respectful attentions of a grateful *son*. That there might be other obligations between us may or may not be true; but into these, whatever they were, personal or *pecuniary*, I disclaim your right, or any "born of woman," to lift the veil. The *boy* is dead, and I am left to protect his honour, and tread the earth to greatness—alone. Eloquent declamation, like the mountain cataract, may sweep away every impediment in its rapid and beautiful course to the great deep; but, sir, neither declamation nor the lively waters of any mountainous region can erase the simple truth—*that* is founded on the rock of ages—its superstructure is eternal justice. Bearing this in mind, why have you omitted several incidents imputed to me by the public? Is this impartial? You might have written all, or caused Censor to indite that which is currently believed. But *his* ignorance and mendacity are so evident, that I know not which to denounce most—his dark malignity, or the other base qualities by which his ignoble career has been marked. Now, sir, have you never heard that I decapitated *Thistlewood?* This I have always denied as one of the basest calumnies that was ever promulgated; yet I am repeatedly asked why the person who severed the "traitor's" head from his trunk has never been discovered. How can I answer that? Why, my whole life contradicts so monstrous a charge. Have I not been foremost in advocating the rights of the working men, and think you I would consent to lay my knife on the neck of one who struggled and died for the liberties of the people? The thing is monstrous!—it is incredible, and scarcely requires contradiction. It is asserted that I have mounted to honours and emolument upon the shoulders of the population and their friends, and that I have deserted those who have been most strenuous in the good cause of national amelioration. These calumniators point to Rogers, to Helieger, and to others. How foolish to suppose that I can pay my old friends the same attention I formerly lavished on them. Let another election take place, and then these base hireling slaves and anonymous slanderers will eat their own words; for they will discover there has been no diminution of my ancient friendship for those neglected persons. It is also asserted by Censor that *my* constituents are in the field, and intend to question me at the next election. Let them. The Whigs of the borough—the strength of our lovely land, are *now* my friends; *they* have the *votes*, and I care not for a few contemptible Chartists, who are bawling for Universal Suffrage—a measure I have always deemed impracticable; and those who know me best will give me credit for this *fact*. Sir, no human power can disturb me in the possession of my hard-earned honours—honours which I will keep or perish. Go on then, but beware! Of course I mean this for your *private* perusal, not for *publication*. I am, sir, your obedient servant,

THOMAS WAKLEY.

MEDICAL DISCOVERERS AND REFORMERS.

LIFE AND WRITINGS OF CULLEN.

It was a work of great labour, and one to which no one could addict himself with a hope of success, unless he possessed great genius and industry, for Cullen to undertake the abolition of the doctrine of Boerhaave, and substitute in its place a theory of his own. Yet this mighty achievement was accomplished by Cullen. Our readers will readily believe that, as a clinical lecturer, he obtained infinitely more reputation than as a chemical teacher, and it appears that it was in the former character he always appeared to be most naturally suited.

In the year 1760, Dr. Alston, the old Professor of Materia Medica at Edinburgh, died, and a Professor was wanted in his place. The students

petitioned Cullen to fill it, and he readily complied with the application. His first course of lectures in this branch was so sound, so wholly built upon rational principles, that it marked out an epoch in the history of medicine, which is referred to with more than usual curiosity.

At length it was arranged that Dr. Cullen should, alternately with Dr. Gregory, teach the theory and practice of medicine, and when the latter died, Cullen succeeded as sole Professor. In this capacity he had ample opportunities of collating facts, gathering illustrations, and arranging in order the vast collection which he had made during his life, and which he had placed before the world in a state of arrangement long proved to be most useful and practical for the members of the profession. The work of Dr. Cullen, in which he systematized the symptoms and treatment of diseases, obtained the preference of all other existing productions as the guide of practice. The theory upon which he founded the principles applied by him in practice, was a very comprehensive one, and it was difficult for him to elucidate it fully without entering upon grounds where the greatest delicacy of expression was necessary. Thus, even his faculty of lucid explanation did not hinder him from being charged with adopting the principle of materialism.

One of the most striking parts of Cullen's theory was that which related to bodily excitement. This expression was derived from electricity, one of whose laws it was, that in bodies it could be excited and accumulated. Cullen entertained the idea that a process analogous to this might obtain in the nervous system of animals, and that this system was capable of being either saturated with, or exhausted of its nervous fluid. In pursuing this portion of his theory, there is scarcely a doubt that Cullen carried his speculations to a very metaphysical degree of refinement. One thing, however, should ever be remembered by those who criticise the descriptions of such recondite topics as that of nervous excitement, namely, that the writer who gives the account must, in order to be intelligible, make use of illustrations drawn from material actions, processes, and operations, in order to explain his meaning. These references may not be often well selected for the object with which they are chosen, but this is the fault of the subject, not the observer.

One grand division of diseases was made by Cullen, which was, into Diseases of the Solids and Diseases of the Fluids. The latter he considered, in reference to the results which they produced, either in changing the coherence of the fluids, in vitiating their qualities, in diminishing their quantity, &c. His theory of diseases of the vital solids extended to all affections of the animal economy, in which the functions originating in the nervous system were deranged. We shall give the curious account of his doctrine of excitement, already alluded to, from the pen of Dr. Thomson :—

"Boerhaave and Haller," says Dr. Thomson, "with most preceding physiologists, in adopting the hypothesis of animal spirits, imagined that, during the waking state, these spirits are gradually exhausted, whilst, during sleep, on the other hand, they are recruited; and that these alternate states of the exhaustion and accumulation of the animal spirits act as the immediate causes of the states of sleeping and waking. 'This,' Dr. Cullen observes, 'has been the opinion of the learned and of the vulgar: it has been the most common one in every system of physic, with very few exceptions, but it is embarrassed with many difficulties; there are many circumstances in the states of sleeping and waking, that will not correspond with it.' In rejecting this hypothesis, Dr. Cullen seems to have been led by the great deference which he entertained for the genius of Sir Isaac Newton, to conceive a partiality for the explanation of the phenomena of sense and motion, by the operation of an ethereal medium, which Sir Isaac had suggested.

"In the explanation of his doctrine of *Excitement* and *Collapse*, that is, of the increased and diminished energy of the brain, Dr. Cullen assumed the waking state of a man in health as the standard point from which the higher and lower degrees of excitement are to be estimated, though he acknowledges that there are difficulties in fixing these degrees.

"I have been a little at a loss," he observes, "in the application of the terms of Excitement and Collapse. There is nothing more manifest than that the degree of excitement is very different upon different occasions; if we take the lowest, every higher degree than that must be called a degree of excitement; and, if we take the highest degrees and consider the lower degrees that may take place while life still subsists, every lower may be called a degree of collapse. The same ambiguity occurs with regard to the terms *heat and cold*, which may be absolutely applied to the same individual state of bodies; and philosophers have not yet agreed where they should begin with applying the terms heat and cold; and so it may be with regard to the terms excitement and collapse. In saying that, in the ordinary state of waking men of health, the excitement is total with respect to the functions of the brain, but readily admits of diminution so as to produce the state of sleep, I mean," continues Dr. Cullen, "to settle the matter a little more exactly. I would call those states, states of excitement, where the excitement is total with regard to the functions of the brain, where there is a mixture of the excitement and the collapse, or of the increased and diminished energy of the brain, but I hold that to be the state of waking and of excitement, when the whole of the functions of the brain can be exercised; and, upon the contrary, whenever these functions are for the most part suspended, that I would call, more strictly, a state of collapse; and so upwards and downwards as it may occur. A degree of collapse, or diminished energy of the brain, takes place in the case of natural sleep; we call it a state of collapse when the excitement is partial, when the collapse prevails so far as to suspend very entirely the exercise of the functions of sense and volition, so that such a collapse takes place in sleep as is sufficient to weaken the general activity of the brain."

"Dr. Cullen supposed that the Delirium or Reverie which appears in the state intermediate between sleeping and waking, arises from the brain being in a state of partial collapse; and that dreaming, in which the animal functions are obviously not entirely suspended, is owing to the collapse, or diminished energy of the brain, being in a less complete degree than in the state of natural sleep, and that, in proportion as the degree of collapse is less or greater, the dreaming is more or less active. 'There are,' he observes, 'intermediate states between sleep and waking, and the sensibility is greater or less, as the tendency to either happens to prevail; and we particularly observe such intermediate states in the application of narcotics, when they produce a degree of drowsiness or stupor, and therefore the sensibility of the brain is diminished by the operation of narcotics.'

"In allusion, apparently, to an observation of Haller, that sleep is sometimes produced by mechanical causes occasioning compression of the brain, Dr. Cullen points out in what he considers the state of coma resulting from compression, to differ from sleep.

"A certain compression of the brain can produce a state of the system resembling sleep with very great exactness, as we learn from the histories and dissections of cases in which such preternatural sleep had appeared. This has occasioned the supposition that some such state occasions sleep, and the removing it to contrary state; but little attention is to be paid to this theory. The state produced by compression is, in some respects, different from that of ordinary sleep, and the difference chiefly consists in the state of excitability. We find that natural sleep can be interrupted by moderate stimuli, whereas this artificial sleep is not to be interrupted, unless by removing the cause. At the same time," he continues, "I must say that there are certain states of sleep produced by the causes that produce natural sleep, that are in such a degree, that persons in them are hardly more excitable than in those states depending upon compression. Thus in a man dead drunk, where I suppose the sleep produced by a similar cause with that which produces natural sleep, the excitability is here hardly in a greater degree than in cases of compression.

"In extending his application of the doctrines of excitement and collapse to the morbid phenomena of the animal economy, Dr. Cullen made choice of mania and syncope, as two affections calculated to illustrate his opinions respecting these opposite states of strength and weakness, vigour and debility, and asthenia of the nervous system; the first mania, being an example of a disease in which the excitement is increased above the natural standard; and the second, syncope, of one in which the excitement is reduced below that standard, or in which a degree of the state of collapse or diminished energy of the brain tak s place."

After all, the best eulogy, and indeed the truest one that could be passed on Dr. Cullen, was the universal adoption of his doctrines in Great Britain, and some of the most distinguished of the medical schools of the Continent. Perhaps there never was a discoverer, the fruits of whose labours were made so free with by all classes of plunderers, as Dr. Cullen. Even in our own times, a Genevese physician has brought forth a new and *original* work, entitled *An Analysis of the Functions of the Nervous System*, which is nothing more than a new version of all the doctrines of Cullen: nay, even Bichat, the boasted genius of the medical art of France, did not hesitate to present, as of his own creation, many ideas which Cullen repeatedly and notoriously took occasion to impress upon his pupils.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

NOVEMBER 30.—MR STREETER, President, in the chair.

MR HOLT related the particulars of a case of typhus fever in a child, æt. four years and a half, accompanied by extensive vesication, beginning from the left eye, and gradually developing itself over the scalp and over both sides of the body. The vesicles appeared to be spontaneous, as there was no way of accounting for their presence. In one moment they would rise, and in the next burst; whilst some of them dried cleanly off. They were first noticed on the thirteenth day after the attack of the fever, and continued till the death of the patient. In the same house, and at the same time, there were two other children with typhus fever, but neither of them with any trace of the vesicles in question; so that the idea of their having been occasioned by contagion or infection is at once dispelled. No discussion of any interest having followed, and after a considerable interval of silence prevailing, a young gentleman,—a student, it appears, at St George's,—at length rose for the purpose of communicating the particulars of two cases of concussion of the brain, for which the operation of trephining was performed at the hospital with which he is connected. They were, as is natural to suppose, unsuccessful; and in opening the bodies, abscess was found in the liver, and an abundance of purulent matter in the joints. A warm discussion thereupon commenced; MR CHINNOCK contending that the last speaker should be called upon to state, as far as he knew, the reasons which induced the surgeons in attendance to trephine for concussion of the brain; whilst DR CHOWNE and JOHNSON were as strongly opposed to such a proceeding, on the ground that so young a man could not be qualified to answer the question, and that even if he were, he would not be justified in doing so. The latter gentleman observed, by the way, that there were very few cases of concussion of the brain, which, after the twenty-first day, he would be disposed to get rid of by trephining. Eventually the young gentleman terminated the dispute—by no means an agreeable one to himself, however relished by the disputants—by declaring with some energy that those did him grievous wrong who supposed that he, because a pupil at an hospital, should be cognizant of all that occurs within its wards, even to the motives which influ-

ence the medical officers in the pursuit of a certain line of practice.

Mr. Roderick remarked on the difficulty of diagnosis between concussion and compression of the brain, and considered it a point of importance whether, after death in the former case, there was ever dilatation of the pupil.

On a question being started as to the existence of pus in the venous system without any decided indications of it being visible, Dr A. T. Thomson observed, that in a post mortem examination of a patient who had died of anemia at University College Hospital, he detected, in company with Dr Carswell and Mr Gulliver, who were present, a quantity of purulent matter in the cortical portion of the brain. The veins contained a coagulum, and this, again, exhibited a number of particles precisely resembling those of pus. Yet though, by the naked eye, the latter were considered to be pus, they were found by the microscope not to be so in reality.

MEDICAL STUDENTS' ASSOCIATION.

November 29.—G. D. Dermott, Esq., president, in the chair. Mr Whittley having moved the adoption of the petition to Lord Normanby on the subject of the Anatomy Act, Mr Roberts (a gentleman who has acquired considerable notoriety from having discovered what he designates an effectual preventive of decomposition in animal bodies) rose for the purpose of expressing his opinions. The medical pupils, he had no hesitation in declaring, had been most unjustly treated for the last three years by the administrators of the Anatomy Act. Indeed, the latter seemed to have in view the entire destruction of the private schools. Their interests were pursued by jobbing, intrigue, and chicanery. Thus, the dearth of subjects for dissection, which has of late been so intensely felt by the minor schools, has arisen, not from causes over which there was no control, but from the existence and operation of "peculiar interests;" and it was the duty alike of teachers and pupils to adopt every possible means of redress. He had addressed Lord Melbourne on the subject, and received in reply a letter stating that it was under the consideration of the Secretary of State, from which circumstance he hoped it would be taken up by government. Altogether, he fully concurred in the prayer of the petition, and would give it his most unqualified support. The Chairman spoke at great length, and in a severe tone, on the unjust and unequal manner in which subjects were now distributed for dissection under the authority of Dr Somerville; and, in proof of his positions, adduced an instance which had lately fallen under his observation at a certain school, where only three or, at the most, four subjects had been received during the last winter and summer sessions; whilst it was well known that at another, famed for its professedly liberal character, the supply was far, very far beyond the actual necessities. It was eventually resolved that the petition to Lord Normanby should be adopted and signed by the members of the association, and that for the council of the Royal College of Surgeons left for approval by the next meeting.

Botany.—At the Linnean Society on Tuesday last the Secretary read a communication from the Rev. Mr Hicks, describing some singular vegetable monstrosities recently met with by him in the neighbourhood of York. They consisted in an union of two or more flowers into one, without any lines of junction whatsoever being visible, and in a multiplication of the stigmas, the pistils and petals of the plant—what Decandolle has denominated, with great propriety, an unnatural excess of fructification. In one or two species of iris, and in a specimen of scrophularia nodosa, or sulphur wort—all which were exhibited to the meeting,—the malformation of structure was strikingly apparent. Professor Don then read a monograph on the genus Stertopus, a group of plants whose distinctive characters have been hitherto involved in much confusion; the author's object being to classify the species it comprises according to the natural system, and to allot to each its proper place. However important to science this object may be, and however praiseworthy every attempt to effect it, still it should be observed, that a mere resort to the technicalities of language, to the outward forms and appearances of vegetables, without due attention to their natural qualities and affinities, by which alone their relationship can be established, will ever prove abortive, if not utterly fallacious; and it therefore cannot but be a source of regret that a man of such acquirements as Professor Don is acknowledged to be, should bestow his time and occupy that of the society so tediously and unprofitably. He wandered through a labyrinth of Greek and Latin names, invented principally as an excuse for ignorance, and from which no fact could be elicited, or inference derived, capable of throwing light on the analogies of vegetable organization. It is when papers of this description are read that the members of the society (as manifested in the proceedings on this occasion) grow uproarious, indulge in loud demonstrations of levity, and of apparent unmindfulness to the interests of science!

HOSPITAL REPORTS.

CLINICAL LECTURE ON VENEREAL DISEASES, DELIVERED AT GUY'S HOSPITAL BY BRANSBY COOPER, ESQ., NOV. 23, 1839.

Gentlemen,—This lecture is given by particular desire, as you often see in the play-bills (laughter). My dresser was very anxious for me to lecture on the cases under my care in the venereal wards, and though he has set me a most difficult task, I could not but comply. I say it is a difficult task, a very difficult one, because so many questions arise on this subject which require consideration, and give rise to lengthy arguments. For instance, is every venereal sore syphilitic? Is there a distinct specific poison, syphilis, inducing a specific sore, called chancre, and that alone? Are there other sores which, though depending on venereal taint, are not syphilitic? What kind of poison is capable of producing true chancre? Are there separate and distinct poisons, producing the varying shades of sores depending on impure connection, as some writers think? or is there but one poison, producing different effects according to the structure on which it is applied, the general health of the party, his cleanliness, the length of time the poison is applied, and other obvious circumstances? These are only a few of the questions which arise in my mind at the first glance of the intricate subject, and each would afford matter for a distinct lecture; you must therefore be satisfied with my impressions without going into detail. First then, I believe there certainly is a district specific sore, chancre, produced, and produced alone, by a distinct poison, syphilis. But it is very rarely that you will meet with all the characters of a well-marked Hunterian chancre—the hardness, the marbly hardness, the cancerous hardness, from which it derives its name (the Greek word χαυχροσ I believe). The deep excavation, and the white circumscribed hardness of the edges and base, are perfectly characteristic, but not very often seen. How is it these sores appear so often on the glans? Why, we know how liable the urethra is to take on or receive morbid impressions, especially when excited, and the glans is very much of the same nature. Its covering is a continuation of the mucous membrane of the urethra, and its structure is the same, being an expansion of the corpus spongiosum.

Chancrous sores will not have the same physical properties, or evident characters, in all parts of the penis; one on the skin will differ greatly from one on the glans; this from another on the frœnum, or the skin lining the inside of the prepuce. And still all these sores were produced by precisely the same poison. How do I prove this? Why, because you shall have a man with one kind of sore on his glans, another on the frœnum or skin, and their variation could not depend on a difference of poison, because they both arose from the same infection. It shows you that the mere structure of the part, independent of the state of the health, or other causes, will alter the character of the sore. And why? Because when the specific inflammation is excited, albuminous matter is thrown out, forming the tubercle with which these sores commence. This rises to a little white head and breaks, but of course requires a longer time, where the coverings are dense, than where they are soft and lax. Thus you may often see men going about a fortnight after infection before the ulcer is formed. Well, not only will the same ichor produce different effects on different parts of the penis, but the effects of remedies will vary according to the part affected, for you will find that an ulcer on the glans so far from being cured, will be increased by the free use of mercury. Jesse Foot wrote a great book on this subject, and described aphthous, condylomatous, phagedenic, and herpetic sores depending on venereal taint, yet not syphilitic. I am rambling on, but I must say a few words as to the nature of gonorrhœa. Are these two distinct poisons, one producing chancre, the other producing gonorrhœa? Are both the effect of the same poison? or is gonorrhœa a simple urethritis, and no specific inflammation at all? Hunter believed the poisons were identical, and thought he produced a chancre, followed by secondary symptoms, by inoculation with gonorrhœal matter. But how often do we see men with the matter of virulent gonorrhœa confined by the prepuce over cracks, and no sores follow. Lint has been soaked in the matter, and applied over wounds, with a similar result. But they object to this, and say that two morbid poisons cannot exist in the system together, and therefore that, as the man is already the subject of one, he is incapable of receiving the other. The matter of a chancre has been placed in the urethra, but it does not excite gonorrhœa till it has been retained there for some time.

Some years ago one of the gentlemen of this class was anxious to discover whether it really required a specific ichor to cause a gonorrhœa, and you may suppose he was pretty assiduous in his studies, for he tried experiments by injecting solution of corrosive sublimate into his own urethra. He did this for some time and produced no effect, and then he began to say, "Gad, I've been wrong all this time, and the clap is really specific after all;" but all at once he reflected that his urethra was in a passive state when he injected it, very different from the usual state when a gonorrhœa is received. It's like a man's temper; when he is all placid and good-humoured, he'll pass over many things quite smoothly, but when you are ruffled, why, you'll knock a man down for looking at you. Well, he then injected a strong solution, his organs being in a different state, and he produced the most horrible gonorrhœa mortal ever saw. It commenced too, two or three days after the application, with smarting, tingling, and ardor urinæ, just like a common affair, and was followed by profuse discharge, chordee and so on, and was cured by precisely the same remedies; in fact, he had used a more violent irritant than the diseased virus probably is. He afterwards got swelled testicle and bubo, and I suppose he had had a real gonorrhœa, for I heard him telling some students he couldn't tell one from the other. I don't know whether he produced the disease in another person or no, but if he had, the question would have been settled at once. At any rate, he showed that it does not require a specific poison to produce gonorrhœa.

You may have a person affected with the secondary symptoms of syphilis without having had a primary sore. I hope no one will accuse me of sitting here to invent cases in illustration of what I am saying, but this very morning two women came to my house, one of them wishing to consult me about a swelling on the inside of her thigh. It was a common steatomatous tumour. I saw her companion had some eruption on the forehead, and I said, "Why there's something the matter with you, my dear." They both talked broad Irish, and I asked if they had recently come over. They said about two years, and were married to soldiers in the Guards. The one with the eruption said she had never been well since her marriage. I asked her if she had taken any medicine, and she said that while she was pregnant her husband had been very anxious for her to see a surgeon, and he gave her some pills. He probably suspected what was the matter. Well, her child was born dead,

and this is almost always the case where mercury is given. I have now seen four or five cases of this sort. Dr Locock first put me up to it, and he says it always occurs. She spoke with a husky voice, and on looking into her throat I saw a cicatrix-like appearance on the posterior part of the pharyux. All this occurred without primary sores on her.

Aphthous and herfetic sores—indeed all not chancrous—may be produced by the unfitness of one person to receive the secretions of another; and these taints, though decidedly venereal, are quite unconnected with the true syphilitic taint. But remember this, as a great practical point, these simple taints will produce secondary symptoms. Various discharges from the female, by no means resulting from any reception of disease on her part, diseased secretions, menstrual fluid, leucorrœa, &c., will produce the effects I spoke of, both primary and secondary. When you have a case of secondary symptoms, eruptions, sore throat, or anything else, how do you know the sore was not truly syphilitic? Simply thus;—it healed up, not very long after its appearance, by some simple treatment. The true chancre never does so. It is indicated by continued ulceration till it is combated by the specific action of mercury.

A very intimate friend of my own, one who I am sure, would not deceive me on any point, asked me to see his wife about four months after they had been married. She had an eruption about her forehead and the roots of the hair, and on the backs of her arms, which many would call syphilitic; but it was not so deep a colour, the base not so inflammatory, and not so distinctly circumscribed as the true affair. But she did not get better, and they wished another gentleman to see her, and he did so. He agreed with me, and said he was quite sure it was not syphilitic, but an eruption he had often seen produced when the secretions of parties did not agree. He would not give mercury. Then Sir Astley saw her, but she did not improve, and I asked Dr Locock to see her. He said "You must give mercury, but do not continue it after the fifth month, or the child will be dead." She took mercury and got better, then went into the country, and by the advice of a country practitioner, continued it beyond the fifth month. She went to her full time; but, as Locock prophesied, the child was still-born, and covered with dark-coloured eruption. But what is the most remarkable feature of the case is, that the husband to this very day has precisely the same kind of efflorescence on his skin his wife formerly had, and has had this for the last nine months. Now the characters of this gentleman and lady are quite above suspicion; but as she is a weak, leucophlegmatic sort of person, it is probable that their secretions do not agree.

Mr Cooper then read the case of Wm. Saunders, who had a sore on the skin of the prepuce and bubo, and proceeded:—The term "chancre" in this report was not written by me. I don't believe it is, or ever was, a chancree; it is a mere superficial excoriation. His bubo appeared at the same time as the sore. This does not occur in true syphilis, but often does, or even before the sore when venereal sores appear on the skin of the prepuce. If you were to induce the specific action of mercury in this case, you would injure the general health and aggravate the sore. I ordered the lotio flava, alterative doses of blue pill, and the iodide of potassium. He is better, and will no doubt get well with small doses of corrosive sublimate in sarsaparilla. Mr Cooper then read short notes of cases of profuse salivation, and another of a venereal sore which had discharged a gonorrhœal matter for some time, and concluded by expressing his opinion that sore throats and other symptoms, called secondary syphilis, were the effect, not of syphilis, but of mercury, as patients mercurialized for other diseases suffered from them equally with syphilitic patients.

Obituary.—At Parson Drove, near Wisbeach, Mr Pawson, surgeon, aged 23, from gangrene caused by a puncture received in dressing a wound. On the 30th ult., at the residence of his daughter, Mrs Ormsby, Cheltenham, John Underwood, Esq., late a member of the Medical Board at Madras.

Monthly Medico-Military Obituary.—Surgeons: Dr Hamilton, 57th Foot: Dr Huston, 22d Foot: Dr Wahab, 37th Foot; Dr Kirkman, Hull Garrison: Dr Lorimer, 79th Foot. Assist.-Surgeon: Dr Moran, half-pay 54th Foot.

CLINICAL LECTURE BY M. VELPEAU.

ON HYDROCELE OF THE TUNICA VAGINALIS TESTIS.

(Reported for the Medical Times.)

Gentlemen,—One of the most common affections that we meet with, and the one for which we are most frequently called upon to operate in this theatre, is, without doubt, Hydrocele of the Tunica Vaginalis. Now, gentlemen, you will be greatly in error if you fancy that everything concerning this subject, which could be done or said, has already been accomplished, or that you ought to be contented with the details as related by authors on this subject. Persuaded of this, I have for some time past devoted considerable time and attention to this subject, and think I can safely state that there are still many important additions to be made to it, especially as regards its divisions and different diagnosial symptoms. I likewise think it is in my power to make some important additions to the different modes of treatment commonly adopted in this complaint.

Scrotal Hydrocele consists of two kinds; the one produced by infiltration, the other by effusion into the tunica vaginalis; I shall, however, confine myself to the latter.

Hydrocele, by effusion into the tunica vaginalis, consists in the effusion of a quantity of serum into the serous membrane surrounding the testicle, and may be either acute or chronic.

ACUTE HYDROCELE OF THE TUNICA VAGINALIS.

Acute Hydrocele is that which occurs in a few days, and is accompanied with symptoms, more or less severe, of inflammation of the scrotum, and has scarcely been noticed by authors on this subject; nevertheless it is of frequent occurrence, and may be caused by any description of violence being offered to the part, such as a blow or a fall, by which the scrotum comes in contact with some hard body; long-continued application of the taxis for the reduction of hernia will also produce it: I have myself seen it follow this operation three times; the sole effects of hernia alone will cause it, as well as all inflammations of the membranes lining the scrotum; but the most frequent and general cause is disease of the testicle, or acute inflammation occurring in its immediate vicinity, such as gonorrhœa, which, being the most frequent cause, gives us at once the distinguishing characters. Some surgeons have previously mentioned this fact, but I believe none before M. Rouchoux, who maintained that in acute gonorrhœa the swelling was formed by an expansion around the testicle of the tunica vaginalis, caused by inflammation, and that neither the epididimis nor the testicle were scarcely, if at all, concerned in the swelling which occurs in this complaint.

I am, however, far from coinciding with this opinion, and have for a considerable time taken particular notice of all cases occurring both at the "Hôpital de la Pitié" and at this establishment, in order to set at rest this question of the exact anatomy of this swelling; and I am convinced, from the most careful observations made on more than a hundred cases, that in acute gonorrhœa the swelling is almost always exclusively situated on the epididimis, or the deferential canal, in the first stage, and gradually reaches the scrotum and testicle, and that serum enters into the formation of this swelling in a great majority of these cases.

M. Rochoux is most assuredly mistaken in stating that hydrocele is invariably caused by the expansion of the tunica vaginalis in gonorrhœa, for I have found that the epididimis forms sometimes the third, or half, or even two-thirds of the swelling. The inflamed linices of the scrotum likewise assist in its formation, and lastly, it is completed by the effused serum. Occasionally there is scarcely any serum effused, and then the tumour is extremely small, and only the thickness of a few lines round the testicle. On the other hand, the serum may form the half or two-thirds of the tumour, but most generally it only assists in forming the swelling in about the proportion of a fourth or sixth. The error of M. Rochoux, and of those who participate in his opinion, proceeds from that, in the inflammation of the mucous lining of the urethra, the testicleandepididimis have a proportional volume and consistence altogether different from what they possess in a healthy state.

The testicle, naturally soft and spongy, and inclosed in a thick fibrous coat, is swollen and made to expand by the inflammatory action, and thus becomes situated anterior to the epididimis, and in a manner encircling it, and thus giving the feel of an accumulation of fluid on examination. The epididimis when inflamed is of considerable hardness, and has the apearance of an egg flattened anteriorly, causing the testicle to impart a sense of fluctuation, which strongly contrasts with the hardness of the epididimis, and it is these circumstances which tend to mislead and cause one to consider it an effusion of fluid. I have frequently myself been mistaken by this disposition of parts, and have seen some of the most eminent men in our profession likewise much mistaken. Nevertheless, by care and attention it is easy to avoid such errors.

The following are the results of my observation on this part of the subject:—1st, when the quantity of effused serum is sufficiently large, its transparency may be proved in a similar manner to chronic hydrocele, and may continue to the seventh or eighth day; but should the sac containing the fluid become much thickened, its transparency will not be distinguishable. This circumstance does not arise from the generally supposed accumulation of flakes of albumen, or its being deeply coloured, for the fluid is only of a slight roseate hue, which arises either from the testicle being so situated as to prevent the passage of the light, or, as before stated, by the thickening of the sac; thus, if you grasp the testicle inferiorly, carrying the pressure to the roots, and then by a gentle application of the thumbs on the anterior surface of its extremities, we shall find, first, that pressure applied rather hard will impart the sensation of a wave, which, diving down *into* a cavity, is stopped by a regular firm service, and the other finger will at the same moment receive the sensation of undulation, which will somewhat cause it to be raised. Finding this, we may conclude that the tunica vaginalis contains a fluid, and we can be even more certain of this, if the same phenomena are observed, by the application of pressure perpendicularly and immediately in front of the tumour, the fluctuation being continued to the sides of the epididimis.

Secondly, the same pressure will also prove the thickness and adhesion of the scrotal membranes, and thus will enable them to offer a greater degree of resistance to the pressure, and impart to the fingers the sensation of the existence of a cyst, with a slight fluctuation similar to that experienced by the effusion of blood; but this is confined to a small surface on the anterior half of the tumour. Reaching to the sides of the epididimis, and by increasing the pressure, we shall discover acute pain,—a fact characteristic of the testicle being affected, and which is never found but when the latter organ is complicated in the disease.

REVIEWS.

Several reviews, though in type, are postponed from want of space.

BOOK RECEIVED FOR REVIEW.

'Observations on the Disorder of the General Health of Females, called Chlorosis; showing the true Cause to be entirely independent of Peculiarities of Sex.' By Samuel Fox, surgeon. Pp. 132. Highley.

Crookhaven Dispensary.—It gives us much pleasure to record the presentation of an address and piece of plate, by the subscribers and friends of the above-named dispensary, to the late medical attendant, Charles Armstrong, M.D., on his removal to Cork.—*Dub. Med. Press.*

Mister Renshaw's portrait is receiving the last artistic touches.

ADVERTISEMENTS.

Just published,

GATHERINGS
FROM
GRAVE YARDS,
PARTICULARLY THOSE OF LONDON.

With a concise History of the Modes of Interment among different nations from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of Inurning the Dead in the midst of the Living.

By G. A. WALKER, Surgeon.

London: Messrs Longman and Co., Paternoster row.

SKEY ON ULCER.

ON a NEW and SUCCESSFUL MODE of TREATMENT Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

Lately published, price 5s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

J. Churchill, Princes street, Soho.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB-FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation; illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

In one vol., royal 8vo, price 16s.

MEDICAL BIBLIOGRAPHY. By JAMES ATKINSON, late Senior Surgeon to the York County Hospital, and Vice President of the Yorkshire Philosophical Society.

"We have never encountered so singular and remarkable a book. It unites the German research of a Plouquet with the ravings of Rabelais,—the humour of Sterne with the satire of Democritus,—the learning of Burton with the wit of Pindar."—Dr Johnson's Review.

London: John Churchill, Princes street, Soho.

Fifth Edition, greatly enlarged.—Just published, in 12mo., price 3s. in cloth boards,

A FAMILIAR TREATISE on CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with reference especially to the Restoration of Sight by a peculiarly mild and successful operation, applicable to every stage and variety of the Disease, and at any period of life. Illustrated with Cases. By JOHN STEVENSON, Esq., M.R.C.S., Surgeon-Oculist and Aurist to his late Majesty, to other members of the Royal Family, and to the King of the Belgians; and Lecturer on the Anatomy, Physiology, and Pathology of the Eye and Ear.

S. Highly, 32 Fleet street.

Just published, price 12s. 6d. by J. CHURCHILL, Princes street, Soho,

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and Mr W. HILLES.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

EXTRACTS FROM REVIEWS.

"This is another desideratum in medicine, a most useful compendium for students, and an excellent manual for reference on almost every interesting subject connected with anatomy and surgery."—Literary Gazette.

"This is a most valuable epitome of anatomy, surgery, and physiology, and will be found to be of much service by the student who is about presenting himself for examination at the college, as it 'gathers together' the most valuable information to be found in more systematic works on the above subjects, and that so judiciously, as to contain most useful matter in every line. No student should go up without consulting this work."—Medical Miscellany.

"The manual above mentioned must be a great treasure to the student. This is by far the most complete volume we have seen as a guide for students, embracing in a succinct and well-arranged form, the most important points of Anatomy, Surgery, and Physiology. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession, with which he was familiar in the days of his youth."—Monthly Magazine.

"The reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a 'Manual for the College,' the book will prove of service to the student after he has obtained the diploma he is so anxious to possess.

"The regional and surgical anatomy will be very useful to the student, and we may say that the 439 pages devoted to anatomy and operations may be consulted by the practitioner with advantage.

"This book will undoubtedly help a man through the college, and—what is far greater praise—may teach him something afterwards."—Medical Times.

"It contains a fund of information necessary for the student to be acquainted with, and will, as a book of reference (even to medical men, who may need to have the knowledge of the minutiæ of anatomy and surgery revived in their minds), be found exceedingly useful. The authors are entitled to the students' thanks, and those who become possessed of the book will not have occasion to regret its purchase."—Christian Advocate.

FLOOD ON HERNIA.

A new and greatly improved Edition of this Work will shortly be published, handsomely coloured, and complete in one Fasciculus, price 15s.

EIGHT FOLIO PLATES of HERNIA. Drawn on Stone by W. Lover, from Dissections and Designs by Dr Valentine Flood.

These Plates represent the several Structures concerned in Inguinal and Femoral Hernia as they appear on dissection, and illustrate in the fullest manner the peculiar opinions of Hey, Cooper, Colles, and Guthrie. They are accompanied by a minute letter-press description of the parts, and of the various modes of operating.

Sherwood, Gilbert, & Piper, Paternoster row.

"This work is by a Dublin Anatomist of excellent reputation; and the fidelity and clearness of his descriptions prove that his reputation is well deserved. We recommend it strongly to the notice of all Practitioners who wish to keep up their knowledge of this important subject, and to all Students who wish to acquire it with accuracy and facility."—London Med. and Surg. Journal.

FLOOD ON THE ARTERIES.

Just published, by the same Author, illustrated by numerous wood-cuts and plates,

THE SURGICAL ANATOMY of the ARTERIES. Price 7s.

Highley, Fleet street.

In royal 8vo., cloth, price 6s.

THE STUDENT'S ROYAL ROAD to ANATOMICAL KNOWLEDGE, in 24 Tables, containing the Bones, Joints, and Ligaments,—the Muscles,—the Brain, Nerves, Organs of Sense, Arteries, Veins, and Lymphatics,—the Viscera, and Organs of Urine and Generation. By a PROFESSOR of ANATOMY.

The Tables are admirably arranged: they represent, at one glance, the whole Anatomy of the Parts. They will be found invaluable to the Student.

Sold by T. Burgess, Second Hand and New Medical Bookseller, 28 Coventry street, Haymarket. Books and Periodicals lent by the Single Volume; also the Books used for Examination at the College of Surgeons, Apothecaries' Hall, the Army and Navy Boards, &c.

Printed terms at the Library Gratis.

LIBRARIES OR PARCELS OF BOOKS BOUGHT.

*** Gentlemen going abroad will find an extensive Collection of the Best Works always on sale, second-hand.

NEW AND IMPORTANT MEDICAL WORKS,
PRINTED FOR
JOSEPH BUTLER,
MEDICAL BOOKSELLER AND PUBLISHER,
No 4 St Thomas Street, Southwark, London.

In the press. 8vo., cloth, lettered, price 5s.

THE ELEMENTS of PRACTICAL OBSTETRICY; by THOMAS DENMAN, M.D. With Remarks on Concealed Pregnancy, Infanticide, Legitimacy, and Rape; by JOHN MACKINTOSH, M.D. With Notes and Illustrations; by NATHANIEL ROGERS, M.D.

Price 1s. 6d.; or mounted on canvass, with a roller, and varnished, 4s.

PHYSIOLOGICAL CLASSIFICATION of POISONS; by the late JOHN FLETCHER, M.D., F.R.C.S.E. Edited, with Modifications, by DR ROGERS.

In royal 18mo., cloth boards, price 2s 6d.

LECTURES on the DISEASES of the EYE; by JOSEPH HENRY GREEN, Esq., F.R.S. F.G.S. late Professor of the Principles and Practice of Surgery at King's College, London; Surgeon to St Thomas's Hospital, etc. etc.

TO CHEMISTS AND DRUGGISTS.

In demy 32mo., price 1s., containing 100 closely printed pages,

A COMPANION to the MEDICINE CHEST, consisting of Plain Directions for the easy, safe, and successful Application of various Remedies, in the different Diseases of all Climates, including a concise Description of the more common Diseases; with their appropriate Modes of Treatment: together with Rules for restoring suspended Animation; by HENRY H. GREGORY, M.D., F.R.S., Member of Calus College, Cambridge, etc.

Third Edition, in one volume, 8vo. illustrated with numerous coloured plates, cloth boards, price 1l. 5s.

A PRACTICAL TREATISE on the OPERATIVE SURGERY of the EYE; by G. J. GUTHRIE, Esq., F.R.S., Professor of Anatomy and Surgery to the Royal College of Surgeons; Surgeon to the Westminster Hospital, to the Royal Westminster Ophthalmic Hospital, etc. etc. etc.

In foolscap 8vo., cloth lettered, price 6s.

THE PRINCIPLES and PRACTICE of OPHTHALMIC SURGERY, comprising the Anatomy, Physiology, and Pathology of the Eye, with the Treatment of its Diseases; by BENJAMIN TRAVERS, Esq., F.R.S., Professor of the Principles and Practice of Surgery; Senior Surgeon to St Thomas's Hospital, etc. etc. and JOSEPH HENRY GREEN, Esq., F.R.S., F.G.S., late Professor of the Principles and Practice of Surgery at King's College, London; Surgeon to St Thomas's Hospital, etc., etc. Edited by ALEXANDER COOPER LEE.

In royal 18mo, cloth, lettered, price 2s. 6d.,

SPARKS from the WHEEL of a MAN WOT GRINDS. A Light on the Pharmacopœia.

In one volume, 8vo., cloth lettered, price 4s. 6d.,

DIAGRAMS explanatory of the CHEMICAL DECOMPOSITIONS of the LONDON PHARMACOPŒIA, and of the various Processes used in Medical Chemistry necessary to be known by Students preparing for Examination at Apothecaries' Hall. By THOMAS HARPER WHITAKER, Member of the Royal College of Surgeons in London; Licentiate of the Worshipful Company of Apothecaries; Private Teacher of Medicine, Surgery, &c.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½ Holborn hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

DR RYAN'S MEDICAL WORKS.

This day, published with the Magazines, Part II, price 1s. 6d., of

DR RYAN'S ILLUSTRATIONS of MIDWIFERY; a complete Atlas and Companion to all Obstetric Works, containing four beautifully executed Plates, with thirty-two pages octavo of descriptive Letter-press.

H. Balliere, 219 Regent street, and all booksellers. To be completed in ten Monthly Parts.

THE PHYSICIAN'S VADEMECUM, or Manual of the Principles and Practice of Medicine.—Contents: Fevers—Agues—Diseases of the Brain (Epilepsy, Mania, &c.), of the Eye, Ear, Skin, Mouth, Throat, Lungs (Phthisis, Asthma), Heart, Stomach, Liver, Intestines, Kidneys, Gravel—Dropsies—Gout—Rheumatism, Scrofula, Scurvy, &c. 1837. Eleventh Edition, 7s. 6d.

Twenty thousand copies have been sold since the first edition. The work is in the possession of most students and junior practitioners.

A MANUAL of MIDWIFERY, and Diseases of Women and Children. Third Edition, 1831. Plates, 12s.

The profession in all countries have eulogised this work.—See Introductory Remarks in No. I of 'Dr Ryan's Illustrations of Midwifery,' Oct. 1, 1839.

A MANUAL of MEDICAL JURISPRUDENCE, Medical Evidence, &c. Second Edition, 1836. 12s.

Reprinted in America, and edited by Professor Griffiths. Most favourably noticed in 'Dr Johnson's Medico-Chirurgical Review,' and 'The American Journal of the Medical Sciences,' Nov. 1837.

THE UNIVERSAL PHARMACOPŒIA, or Formulary of Hospitals, 1839. Third Edition. 5s. 6d.

"One of the best Manuals we have ever seen."—Medico-Chirurgical Review, Oct. 1836.

"A sort of Polyglot Pharmacopœia."—Medical Gazette, 1835.

THE MEDICO-CHIRURGICAL PHARMACOPŒIA; Treatment of Poisonings, Dislocations, Fractures, and Natural and Difficult Labours, 1838. Second Edition. 5s. 6d.

"There is a vast deal of information in this little work, useful at the bed-side of sickness, or in the short hour of leisure from professional toils and anxieties."—Medico-Chirurgical Review, July, 1838.

OBSTETRIC APHORISMS, or Concise Precepts on Practical Midwifery. Second Edition, 1838. 2s.

"A pocket companion for the student and obstetrician."

THE PHILOSOPHY of MARRIAGE, in its Moral, Social, and Physical Relations. Third Edition, 1839. 6s.

"The work will have a prodigious sale, and does not contain a word which ought not to be known to medical practitioners."—Medico-Chirurgical Review, July, 1838.

A COMPARATIVE VIEW of Prostitution and Venereal Abuses in London, Paris, New York, &c., the most fertile Cause of Crime and Punishment, 1839. Plates, 10s. 6d.

"Works of this description, when properly conducted, cannot fail, in the hands of the public authorities, to improve society. We differ entirely from those who contend that the tendency of this work is evil. To the observer of life, to the man of science, to the philanthropist, it cannot fail to prove both interesting and useful."—New York Journal of Medicine and Surgery, July, 1839.

"Your work is a useful, a moral, a benevolent, and a religious book. It must do good, and great good, to society. No man can read it, who feels for man, without wishing to contribute something towards reducing that mass of crime, which you have well connected with human suffering and misery."—The Editor of one of the Leading Newspapers. The author's views have been adopted in no less than twenty sections of the New London Police Act, 1839.

DR DENMAN'S APHORISMS on MIDWIFERY, adapted to the Actual State of Science. Ninth Edition, 1835. 9s.

Eulogised in 'The Dublin Medical Journal,' 1835.

Nearly ready.

A MANUAL of DISEASES of the CHEST, Asthma, Consumption, Diseases of the Heart, &c. With numerous Cases.

On the most important DISEASES of WOMEN, from Puberty to Old Age. With numerous Cases.

On DISEASES of the GENITO-URINARY ORGANS, Syphilis, Gonorrhœa, Stricture, Diseases of the Prostate Gland, Bladder, Kidney, Ureters, Gravel, &c.; with Cases. Plates, 4s.

On the PHYSICAL EDUCATION and DISEASES of CHILDREN from Birth to Puberty. 8s.

These works are text books to the Author's Lectures on the Principles and Practice of Medicine, Midwifery, and Diseases of Women and Children, and Medical Jurisprudence.

Printed for the Author, 4 Charlotte street, Bloomsbury, Bedford square, and sold by H. Balliere, 219 Regent street, and all Booksellers.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	
Ditto, Marine, from 3l. 10s. to	6	6	

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

NEW AND IMPORTANT MEDICAL WORKS,

PRINTED FOR

JOSEPH BUTLER,

MEDICAL BOOKSELLER AND PUBLISHER,

No. 4 ST THOMAS'S STREET, SOUTHWARK, LONDON.

I.

In one very large 8vo. volume, cloth lettered, containing upwards of 1,150 closely printed pages, price 1*l.* 2*s.*,

THE PRINCIPLES AND PRACTICE OF OBSTETRIC MEDICINE;

Comprising the Structure of the Female Generative System; the Process of Parturition in all its details; the After-management of the Puerperal State; the Physiology and Diseases of Menstruation; the Physiology of Conception; the Diseases of Utero-Gestation; and the Diseases of Children.

By JAMES BLUNDELL, M.D., late Professor of Obstetric Medicine at Guy's Hospital.

Carefully revised and corrected, with numerous and important Additions and Notes, by ALEXANDER COOPER LEE, Esq., of University College, and NATHANIEL ROGERS, M.D., Member and late President of the Hunterian Society of Edinburgh, and Corresponding Member of the Medico-Chirurgical Society of Dublin.

In presenting a new Edition of this work to the notice of the profession, the editors consider that the great celebrity of its author, which has not only procured a rapid sale of former Editions in this country, but has even led to their republication in various continental states, will render any apology for the appearance of the present Edition wholly unnecessary. But if any additional reason were necessary, it would be furnished by the fact of his retirement from the Obstetric chair of Guy's Hospital, which has deprived the medical students of that valuable instruction which he was so well able to afford them. This circumstance alone should render the present work particularly valuable to the medical profession, as the only channel through which they can receive the benefit of his extended experience and original views. The only duty, therefore, which the editors have to perform, is to put forth the grounds on which they ask the sanction and approval of the profession to our present Edition, in the preparation of which no expense or trouble has been spared to render it the best work on Obstetric medicine in the English language.

In the arrangements of the work they have to a great extent followed the course which Dr Blundell adopted in the lecture room. Accordingly they have divided the work into two principal parts; the Process of Parturition in all its details, and the Physiology and Diseases of Women and Children. The first of these embraces—1, the Anatomy of the Female System, so far as that process is necessary for understanding the Process of Parturition; 2, the Process of Parturition in all its details; 3, and last, the Diseases of the Puerperal State. The second embraces—1, the Physiology and Diseases of the unimpregnated Uterine System; 2, the Physiology of Generation, the Signs and Diseases of Pregnancy; 3, lastly, the Management of Infants, and those affections to which the period of Infancy is liable.

The next feature of the present Edition to which the editors wish to draw the attention of the profession, is the additional matter that has been introduced, to the extent of about four hundred pages. In the selection of this matter three special considerations have constantly been kept in view.

In the first place, care has been taken not to introduce the opinions of other men, however celebrated, on subjects which had been already fully treated by Dr Blundell. In the second place, certain additions were deemed necessary, partly on subjects which have been only partially described by Dr Blundell, and partly on subjects which Dr Blundell had omitted, but which it appeared necessary to introduce, in order that it might keep pace with the present progress of science. And in the third place, every possible care has been taken in the selection of proper matter for insertion; the materials being drawn only from those sources alone which were most original. In support of this, it is only necessary to mention the names of Marshall Hall, Robert Lee, Sir C. M. Clarke, Montgomery, Gooch, Denman, Waller, Burns, Ryan, Osborn, Lever, Merriman, Naegle, North, Mackintosh, Hamilton, Mauriceau, Boivin, and Duges, Davis, Beck, and others.—PREFACE.

II.

UNIVERSITY COLLEGE.

In one very large 8vo. volume, cloth lettered, containing upwards of 1,150 closely printed pages, price 1*l.* 2*s.*

THE PRINCIPLES AND PRACTICE OF MEDICINE,

FOUNDED ON EXTENSIVE EXPERIENCE BOTH IN PUBLIC HOSPITALS AND IN PRIVATE PRACTICE, AND AS DEVELOPED IN A COURSE OF LECTURES AT UNIVERSITY COLLEGE, LONDON.

By JOHN ELLIOTSON, M.D., Cantab, F.R.S.

late Professor of the Principles and Practice of Medicine, and Senior Physician to the North London Hospital.

With Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

One of the most striking circumstances which have distinguished the medical literature of recent times, is the publication of the lectures of various eminent Professors within the last few years, hospital-theatres, as well as hospital-wards, were (except to the limited number of attendant pupils) as "a spring shut up," and "a fountain sealed." It would have been of the greatest advantage to medical men, and through them to the public at large, could these class-rooms have contained the whole profession. But what the architect could not do the printer has done. He has given the lecturer a voice, which penetrates as far as our language is known; and the results of his study and experience have been wafted, on the winds of heaven, to every quarter of the globe. Beginning with Sir Astley Cooper, the masters of our art, in brilliant succession, have thus been enabled to pour the accumulated treasures of their knowledge at our feet. The name of Elliotson stands too high in the estimation of the medical profession to require any apology for the publication of his lectures—replete as they are with sound practical information, the result of long and extensive experience. There can be little doubt, therefore, that the present undertaking will be hailed with satisfaction; and that a due share of support and encouragement will be awarded to the enterprising publisher for producing this work in a style commensurate with the valuable information it contains.—PREFACE.

After a diligent perusal we have formed the highest opinion of this edition of Dr Elliotson's Principles and Practice of Medicine. It is the most modern work on its subject, and is every way calculated to represent to foreigners the present state of practical medicine among the best practitioners of our country. We think it unnecessary to recommend it, because it will recommend itself, and command success by its own intrinsic merits. We have only to add that it forms a goodly volume, containing upwards of 1,100 octavo pages, printed in a bold and clear type, and is published at a very moderate price.—Medico-Chirurgical Review, October, 1830.

III.

In one volume 8vo,, containing upwards of 550 closely printed pages, eighteen Lithographic Plates, and a splendid Portrait of the Author, cloth lettered, price 18*s.*

DISLOCATIONS AND FRACTURES.

By SIR ASTLEY COOPER, Bart., G.C.H., D.C.L., F.R.S., Sergeant Surgeon to the Queen, and Consulting Surgeon to Guy's Hospital.

WITH IMPORTANT ADDITIONS.

Edited by ALEXANDER COOPER LEE, Esq., of University College.

To offer any apology for the appearance of the present work, would be alike an insult to the man whose name it bears, and the profession for whose use it is intended, as the European celebrity of its author, and the great practical value of the work are too self-evident to require anything like an apologetic introduction. It only remains for me, therefore, briefly to point out the claims of the present edition to public support.

The first and most important ground is, that it places within the reach of all, matter which had hitherto been locked up in a large and expensive work, or scattered in a loose and unsatisfactory manner through the various editions of his lectures.

In the next place, a re-arrangement of the materials has been attempted, in order that the dislocations and fractures might be considered separately. This, I am aware, is at variance with the mode of arrangement hitherto adopted, but then I conceived that it would be advantageous as affording me an opportunity for inserting descriptions of the Nature and Treatment of Simple and Compound Fractures in general, and of individual fractures not hitherto described in his work on Dislocations and Fractures, for which I am indebted principally to the works of Mr Samuel Cooper. The work, therefore, now consists of three parts. The first containing a description of the various kinds of dislocations and their treatment; the second being devoted to the Description of Simple and Compound Fractures; and the third embracing injuries of the Cranium and Spine, which, from their accompanying effects, require a very different mode of treatment to other fractures.—PREFACE.

IV.

Seventh Edition, in one volume, 8vo., corrected and augmented, price 18*s.*

THE FIRST LINES OF THE PRACTICE OF SURGERY;

EXPLAINING AND ILLUSTRATING THE DOCTRINES RELATIVE TO THE PRINCIPLES, PRACTICE, AND OPERATIONS OF SURGERY.

By SAMUEL COOPER,

Senior Surgeon to University College Hospital, Professor of Surgery in the same College, Surgeon to the Queen's Bench, &c. &c.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 12. Vol. 1. LONDON, SATURDAY, DECEMBER 14, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

DR JAMES HAMILTON,

THE LATE PROFESSOR OF MIDWIFERY AT EDINBURGH.

It is a trite but most true saying, that some are born with a leaden, others with a silver spoon in their mouth. The subject of this slight sketch belonged to the latter class, for verily he was one of the silver spoon gentry.

James Hamilton was the son of Alexander Hamilton, the then Professor of Midwifery, and succeeded in due time to his father's chair in the university, with the same regularity as if it had been a freehold estate. He was followed and admired for his talents, both as a teacher and a practical obstetrician. There are some humorous tales related about our old worthy—or, as he was termed, old "cockey"—from the circumstance of wearing a cocked hat and dressing in the old style. The following will be found perfectly correct, and fresh in the minds of many of his old students. He was in attendance on Mrs Gregory, "wife of the author of the 'Conspectus,'" and she telling him some trifling family affair, Dr Hamilton was imprudent enough to mention it to some of his friends. This coming to the ears of Dr Gregory, he proceeded to *young* Hamilton, and, being a tall, stout, powerful man, gave him, without much trouble, a good sound thrashing. For this exhibition of professional skill an action was entered, and 510*l.* damages recovered. Dr Gregory, when paying this amount, said he would most willingly pay *another* 500*l.* to give Hamilton a *second* thrashing. A short time subsequent to this Mrs Gregory was again *enceinte*, and no one would she have but Dr Hamilton. What to do the doctor knew not. Reasoning was of no service—his wife was determined—so Dr G. proceeded across the square, knocked at the door, and inquired if Dr H. was at home. "No," said the servant. "Well," replied Gregory, "tell the little rascal to come over to my wife as soon as he returns home, and don't forget to say I shall not thrash him in my own house, though he richly deserves it, so there is no cause for him to fear."

His popularity as a teacher will be understood by the fact that he annually delivered four courses of lectures, and was invariably well attended. In fact, so great was his reputation, that many of the nobility in various parts of the country used to send for him from Edinburgh, to attend their wives during their accouchements. Like others, he had his weak points; but, being a fortunate man in his birth and career, he was not thrown into the strange position which many, intellectually his equals, have been placed in. He is gone—let any follies he committed rest with him.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

CHRONIC ABSCESS—HECTIC FEVER.

I spoke to you, gentlemen, in my last lecture, of the various cases in which it is necessary to open abscesses, instead of waiting for their natural discharge; and in most of which it is also advisable to open them early, in order to limit the extent of the mischief which suppuration might produce. As I do not know that I enumerated to you accurately, on that occasion, the *whole* of the cases that come under this head, I shall now repeat what I then said, in order to make the catalogue complete.

First.—This mode is necessary where the matter forms deep in the limb, and where the progress to the surface is opposed by strong fasciæ, tendons, or muscles—as in deep suppuration in the fore-arm, in the thigh, in the neck or back, in the palm of the hand or sole of the foot.

Secondly.—Where violent inflammation attacks a part in which there is an abundance of cellular and adipose tissue, such as about the termination of the rectum and the neighbourhood of the anus; and this more particularly when, in addition to the existence of much cellular tissue, which is the seat of inflammation, there are muscles or fasciæ, or other parts over this tissue, which tend to prevent the pus from coming to the surface, as in the formation of matter about the urethra in the male, either in the perineum or behind the scrotum;—in abscesses occurring in the groin, or deep seated in the neck.

Thirdly.—Wherever matter forms in parts of very dense and unyielding texture, or in those in which there is a very abundant supply of blood-vessels. The hand and fingers exemplify this circumstance.

Fourthly.—In the formation of matter that takes place in the immediate neighbourhood of the great serous cavities or of the joints.

Fifthly.—In those that might interfere with parts which are immediately essential to life—such as the formation of matter about the throat, in the neighbourhood of the larynx, or in the immediate vicinity of the trachea and œsophagus generally.

Sixthly.—In those suppurations which are produced by the injection into the cellular membrane of irritating fluids—such as an extravasation of urine or fæces.

Lastly.—In certain cases where it is expedient to prevent an extensive suppuration, on account of the deformity which this might involve, and where the small puncture made at an early period with a cutting instrument will leave a less considerable cicatrix than that which would result if we allowed the matter to come forward so as to produce distention and pointing of the skin. This applies to the formation of abscesses about the face.

The pus which is contained in an abscess being excluded from external influence, undergoes no change after it is secreted—no change in composition. It may remain weeks or months, or, I might even say, years, in such a situation, and not undergo any of those spontaneous alterations that take place if it is open to the air. Hence, when pus is let out, it has but little odour—that is, it has only a faintish smell. Sometimes, however, we find that the matter which we evacuate has undergone decomposition—that it is putrid; in fact, instead of a white, thick, soft, homogeneous liquid, we let out a dark and stinking fluid, in which there are numerous streaks of black and blue, sometimes mixed with coagula of blood, and excessively offensive to the smell. In some instances the matter presents the ordinary appearance of good well-formed pus, but yet is very offensive. To the senses there is no other indication of a change except fœtor. Now this is a state observed particularly in abscesses occurring in certain situations It is noticed very commonly in those that are formed in the neighbourhood of the anus, or near the situation of the large intestines—in those that are formed in the neighbourhood of the male urethra, either in the perineum or about the scrotum—in those that are formed near the entrance of the female organs of generation, as the labia pudendi.

These are situations in which we often meet with the phenomena in question. At the first view you might suppose that some communication existed between these outlets and the cavity of the abscess, and that thus the decomposition might be accounted for; but this is not the case. We find it in instances where we are certain that there has been no communication between the cavity of the abscess and the passages I have mentioned; and in certain instances we do not find this particular character, this decomposition or fœtor of the matter, in abscesses that occur in those situations; it is not a constant occurrence even in the circumstances alluded to. It has been supposed that the presence of coagula in the cavity of the abscess may lead to this decomposition, and that the matter becomes fœtid when portions of blood are mixed with it. Now I have sometimes seen suppuration taking place in hemorrhoids about the anus, and there the matter that is deposited becomes mixed with coagula of blood, and in these instances such matter has been excessively offensive; but in certain cases we find the same occurrence where the abscess does not form in the particular situation I have now mentioned, and where no coagulum of blood is mixed with the matter to account for the circumstance. I remember an instance of a boy who came into the hospital with an inflammation over the ascending colon. He said he had had a complaint in his bowels (as he expressed it) some weeks before, and that this inflammation came on subsequently. After he had been in the hospital a few days, there was a manifest fluctuation—it was clear that matter had formed, and accordingly I let it out. The abscess contained about six or eight ounces of white and apparently well-formed pus, and it had the fœtid character that I have just mentioned. This was an instance in which the matter had formed near to a portion of the large intestine. I remember an instance of an Irishman, who came to this hospital with a swelling about the middle of the inside of the thigh, which was exceedingly painful, and in which no fluid could be found by examination. A poultice was applied, and other means taken to remove the pain, which was ascribed to the inflammation of the part. In a little time it became obvious that there was matter formed, and I evacuated it by a puncture: about two or three ounces of fœtid pus flowed out, mixed with coagulated blood. I also remember an instance of a patient who died in the hospital, in consequence of the inflammation of a vein consequent on venesection. An abscess took place in the upper arm, which was opened before the patient died, and two or three ounces of matter evacuated, which was excessively fœtid.

You will observe that both the local and general symptoms in cases of abscess, the contents of which present the characters I have mentioned, are very severe There is high local inflammation, and there is a corresponding degree of general febrile disturbance of the system; but when you come to open these abscesses, you find that the subsequent process is as favourable, and the recovery of the patient as rapid, as if the pus had not presented the particular character that I have now stated. In short, there is nothing at all unfavourable in this state of decomposition of the matter.

I come next to speak of *chronic suppuration* or *chronic abscess.*

Respecting suppuration, I may repeat the same

remark that I had occasion to make on the subject of inflammation—namely, that there are not exactly two degrees of it and no more; we cannot say there is just one degree which is acute, and one degree which is chronic. On the contrary, there are *numerous* degrees. On one hand you have inflammation in which the matter forms in a few hours, and which will come to the surface and be discharged in two days; on the other hand you have instances in which the formation of matter may take a long time, and in which it may remain for weeks and months without coming to the surface; and between these you have every possible gradation. The local inflammation that precedes the formation of pus in a chronic abscess is so slight that it escapes observation, and you only become sensible of it when the tumour that is formed by the collection of matter is obvious to the sight.

I remember a medical practitioner bringing to me a youth who was apprenticed to him, and saying, "I wish you would look at a swelling in the thigh." I examined the part, and, to my astonishment, I found a large abscess. I inquired of my friend how long the youth had been ill, to which he replied he did not know, but he had only complained the day before. I laid open the abscess, and it contained more than a pint of matter. This youth, though in the medical profession, had been following his avocations, and had not mentioned that he had anything the matter with him. Some time ago a gentleman consulted me relative to a tumour in the neck, and said that it had existed there about two years. He was a man of good constitution, and said that it had formed without pain; that he had observed it about the period I have stated, but it had not given him any uneasiness. On examining it, I decided upon making an opening, and found that it contained pus. Thus a chronic abscess had existed there two years, and contained about three ounces of matter, without having produced any active symptom.

In consequence of these collections of matter taking place in so insensible a manner, and being produced by inflammation of so slight a kind, we are liable occasionally to mistake them for tumours of a solid kind, particularly if the cyst which contains the matter should happen to be thick and firm in its texture. Some time ago a female was shown to me in consequence of a tumour in the axilla. She had a lump about the size of a moderate apple, firm, hard, and very deeply embedded in the axilla. She was about forty years of age. I examined it, and took it to be a solid tumour. I saw it again at some distance of time, and it appeared to be nearly in the same state. She said that it had never given her any kind of pain. On examining the circumstances connected with its formation, I could not trace any symptom to induce me to think it was not a tumour. I thought it necessary that it should be removed, deeming it to be a sarcomatous growth, and I appointed a distant day for performing the operation. Before putting the patient on the table, I again examined it attentively, and thought that I perceived fluctuation; and hence I was led to take the precaution of puncturing the tumour before commencing the dissection. When I made the puncture, out came a tea-cupful of well-formed matter. I have seen an instance in the hospital, where a patient has been put on the operating table to have a tumour removed, when perhaps the idea has arisen, on examination, that it contained fluid: thus a preliminary puncture has been made, and matter has been evacuated. I recollect an instance of a patient coming from Wales, who had got a large tumour in her neck. I found it very solid, and no symptom of fluctuation; in fact, I dissected it out, and it was a very painful operation. When the tumour was dissected out, it looked uniform on the surface, and without any particular character. On cutting into it, it was found to consist of a dense cyst, filled with matter. These cases show you that matter may occasionally form with very little previous inflammation; and they afford you an important caution in any doubtful case, where you might entertain the idea of its being a tumour, to make a preliminary puncture. This is a safe measure, and one which may save the patient the pain and suffering of a severe operation. Such cases show you that, in certain cases, although the formation of matter takes place in this insensible way, there may be so much consolidation of the surrounding cellular tissue as to give rise to the production of a very dense, firm cyst, although generally, in chronic inflammation, the cyst is thin. In most of the cases that I have mentioned, and in the case of the gentleman in whom the abscess had formed two years, the cyst that contained the matter was so thin that you could not have told that there had been one at all. In consequence, then, of chronic abscess forming with so little vascular disturbance of the part, and without any of the redness or heat which precedes suppuration in acute inflammation, and also in consequence of their taking place in a limb possessing apparently a natural temperature, they have been called *cold* abscesses, in contradistinction to the abscesses resulting from acute inflammation, which are called *hot* abscesses.

There is another distinction between the two kinds of abscesses, which is *in the nature of the fluid they contain*. You will naturally expect that local occurrences, so dissimilar in their character, will produce very dissimilar results. You find, accordingly, that the matter of a *chronic* abscess is thin, approaching even to what we call a serous character; it is whey-like in its colour and consistency, and contains curdy matter in flakes. These flakes of matter which are contained in a chronic abscess, are sometimes discharged like portions of lymph, the word being often employed in a vague and indefinite way. But sometimes there are large fibrous masses met with in chronic abscesses—that is masses of a hard or pretty firm fibrous texture. I do not know how to explain these occurrences. They are often large in size, and consistent in their composition, as if they were masses of cellular membrane. The fluid is frequently almost like serum; and it is from these circumstances that the name of *lymphatic* abscess is given to them: that is the term frequently employed by old and continental writers. The inflammation required for the formation of chronic abscess is much less marked than that which produces the acute, and, as I have said, you will find, in general, that the cyst is much thinner; so that, when you come to examine the circumference of an abscess in the limb, it feels soft, and you might almost suppose that a fluid was contained in the natural textures of the part without being enveloped by a cyst: you do not find that it is walled in, and barricadoed by the induration which characterizes the walls or sides of the phlegmonous abscess. For this reason chronic abscess very easily extends in all directions in its circumference, and is apt to acquire a considerable magnitude, not having any firm cyst to limit its extent—while it has no disposition to come to the surface. Thus it extends in circumference; and when the advance of the matter is opposed by fascia, as in the thigh, it may pass along the whole length of the limb without being disposed to point: in this way it may extend from the trochanter down to the knee.

Chronic abscesses generally belong to the head of what is called *spontaneous inflammation*—that is, they take place from *internal* causes, which, in most instances, elude our observation. Sometimes, however, they arise from obvious *local* causes. The irritation of a diseased bone, or joint, will produce a collection of matter of this kind. It is a collection of matter of this description, arising from such causes, that is termed *lumbar* abscess; where, in consequence of the disease of the vertebræ in the lower part of the back and loins, matter forms around the diseased part, and then descends, in the loose cellular membrane that covers the lumbar muscles along the sides of the pelvis, into the thigh; or it takes its course along the back, and makes its way in different directions within and without the pelvis. Here you observe the feeble barrier which the slight cyst affords to the matter; for pus, which is formed high in the loins, will come down by its weight to the groin, or bore along the thigh nearly to the knee. Hence arises the distinction which is made between abscess *of* a part and abscess *in* a part: for the matter that has thus descended from the loins by gravitation into the thigh, can hardly be called abscess of this part.

This disposition to increase in chronic abscesses, and this want of tendency to come to the surface, renders it necessary that we should discharge their contents by surgical operation. There is hardly any limit to the size these collections may attain, if you do not open them; but there is a difficulty in respect to the measure of evacuating them. When you open a collection of this kind, or when a spontaneous aperture takes place in it, if you proceed as you would in opening a phlegmonous abscess—that is, make an aperture so as to let the matter out, and then cover it with a poultice—the entrance of the air into the interior of the abscess produces decomposition of the matter it contains: this then becomes fœtid; the surface of the abscess inflames; the secretion from its sides is altered; it becomes thin and stinking, and excessively irritating to the parts with which it is in contact. The inflamed surface of an extensive abscess thus excited, serious sympathetic disturbance in other parts of the economy occurs—in the alimentary canal, for example, and in the vascular system; and thus arises fever of a peculiar kind. This constitutional disturbance acts on the local mischief, and the aggravation of the local disease again makes the constitutional disturbance worse, and thus, between them, the patient is very frequently destroyed. And here you must consider what I should have mentioned just now, when speaking of the causes of these abscesses. The remote or predisposing cause is almost invariably an unhealthy state of constitution. You find these abscesses occurring, not in healthy individuals, but in those whose constitution is naturally feeble; more especially in such as exhibit what is called technically a *scrofulous* disposition. You have to contend, therefore, in these cases, both against the local mischief and against the bad state of constitution in which this local mischief has its principal origin. It is very desirable, then, to get rid of the contents of an abscess of this kind without incurring the risk of the evils that I have just alluded to. The particular mode of proceeding adopted by Mr Abernethy was designed to avoid this risk; and, in point of fact, you will find that, by proceeding in the way he has described, you may puncture the abscess, and get rid of the contents, *without* incurring the danger of inflammation of the cyst, or the constitutional effects to which it gives rise. His mode of proceeding consisted of making a small aperture into the abscess, allowing the contents to escape gently, and without suffering any introduction of air into the cyst; then closing the opening by adhesive plaisters, and thus putting it in a situation to be united by adhesion. In order to employ this mode with greater skill, he has stated that the skin should be drawn aside, so that when you let the skin go, the opening in the cyst and the skin should not correspond—that is, you make the opening valvular. After the abscess has been opened in this way, the matter will form again, and the necessity for repeating the puncture will arise several times. Under favourable circumstances the abscess will become limited in size, in consequence of these punctures. Its parietes contract when the quantity of its contents is diminished; and thus you bring it to so moderate a size that you make an opening in the usual way, and trust to the cure in the same manner that phlegmonous abscesses would be healed. Such is the process when it goes on favourably. Of course you cannot expect such effects to be always produced in lumbar abscesses. This mode of treatment is calculated to obviate the inconvenience that arises from exposing the abscess to the air; but the disease seated in the vertebræ, or adjoining parts, are sources of danger that require to be obviated by other means. In conjunction with the means that you adopt locally in the treatment of chronic abscesses, you may at once resort to those which are favourable to the re-establishment of the general health, and the improvement of the constitution. You would give the patient the benefit of a residence in pure air; you would attend carefully to the diet, seeing that it was light and nutritious; you would pay attention to the stomach and bowels, and to all the circumstances that contribute to promote health. When the matter of a chronic abscess has been let out, in consequence of the cyst having but little disposition to take on the actions which would lead to obliterate its cavity, it is sometimes advantageous

(if the nature of a part in which the abscess is seated will allow of it) to subject the part to pressure, and thus to promote a disposition to contract. Where a chronic abscess is seated in one of the limbs, a bandage may be applied over the part from which the matter has been so evacuated. Still an abscess of this kind very frequently remains in a state of fistula, and often the fistula is very considerable. Under such circumstances we occasionally succeed in accomplishing a cure by introducing a seton through the tract of the fistula. The presence of the seton excites active inflammation in the sides of the cavity: after this is produced the seton may be withdrawn; and, by pressure applied to the sides, they will frequently adhere together. Sometimes irritating fluids are introduced into the cyst, such as a solution of sulphate of zinc; but you must be cautious of doing this, and not think of irritating the sides of a cavity of this description where it is considerable: it can only be safely applied where the sides are of limited extent; or, failing this, it is necessary to keep up an opening till the parts heal from the bottom, and this is a mode especially adopted in those cavities which take place after the bursting of a phlegmonous abscess.

HECTIC FEVER.

The constitutional disturbance which takes place when inflammation arises in the cyst of a chronic abscess, and when a copious suppuration occurs, is of that nature which is called *hectic fever*.

Hectic fever is a constitutional disturbance arising in a system weakened by long continued and serious local disease, more especially when such local disease is attended with suppuration. Hence it has sometimes been called *suppurative fever*. But the name seems to be objectionable, because suppuration very commonly occurs without anything like hectic fever; and, on the other hand, hectic fever may take place where there is no suppuration.

Hectic fever occurs in various *medical* as well as *surgical* cases In extensive disease of the lungs you may have fever of a hectic character, without its having proceeded to suppuration; and you may have all the phenomena of hectic from affections of the large joints, where suppuration has not taken place. In various serious injuries, such as a bad compound fracture, it will generally happen that violent inflammation will take place in the limb; and, in conjunction with the serious local disturbance produced in that way, there is a corresponding inflammatory fever. Matter forms in consequence of the inflammation, which then generally becomes lessened. Subsequently inflammation will sometimes recur, and a fresh formation of matter take place, and fresh febrile attacks accompany it. In this way the strength of the patient becomes considerably reduced, and, after a length of time, the state of disturbance in the part becomes altered; the limb is not only swollen and red, and the seat of successive phlegmonous abscesses, but it is perhaps œdematous. Instead of having a firm tumefaction surrounding the abscess, and instead of having a formation of healthy pus, the parts will become flabby, and perhaps a discharge of thin matter takes place. With this change in the local symptoms, there is a corresponding alteration in the general system. The local disease has from an acute taken on a chronic character, and a similar alteration occurs in the febrile symptoms. The patient now has hectic—that is, a kind of chronic fever. In hectic fever, whether it arises in consequence of the change in the state of the local symptoms proceeding from severe injury, or whether it be connected with the irritation arising in the cyst of the abscess, or whether it depend on a disease in some important organ of the body, such as the lungs or joints, we find there is a considerable disturbance of the circulation. The pulse is accelerated, so that probably it rises from 100 to 120 and upwards; and it often remains for weeks, or even months, at 120, without sinking beneath this. The patient sometimes feels heated, and at others chilled; the surface of the body is sometimes red and flushed, and at other times pallid and cold; and frequently it is bathed in profuse perspiration. Slight degrees of exertion are sufficient to bring on flushing, which ends in perspiration. The tongue is moist, and perhaps clean. The functions of the digestive organs are frequently disturbed; and towards the latter part of the affection diarrhœa comes on, and can hardly be restrained. The perspirations that take place in the latter stages are profuse, as is likewise the discharge from the bowels. Hence this is called *colliquative* sweat and *colliquative* diarrhœa—which term merely means melting; the substance of the body, as it were, melting away under the profuse discharge that takes place. The patient is generally restless and uncomfortable at night. The symptoms in hectic do not remain stationary through the 24 hours; on the contrary, there is, more particularly towards the morning, a visible remission of the paroxysms. Towards evening the pulse becomes accelerated, the body heated, and the patient feels restless and uncomfortable. In the course of the night he probably becomes bathed in a profuse perspiration, from the disturbance of the circulation terminating in that way. In the morning he is comparatively free from fever, and remains so through the day. Such are the principal features of that state which constitutes *hectic fever*.

It has been made a question, whether hectic fever can be cured. The question is, whether you can cure the disease that causes these symptoms; whether you can remove the local excitement which produces the general disturbance that I have now spoken of. If you can do this, you can cure hectic fever. But, in most instances, the local disease is of a very serious kind, frequently uncontrollable, and if you cannot put a stop to that, neither can you put a stop to the constitutional symptoms which it excites You cannot expect that hectic fever can be cured while the causes that have given rise to it remain in full force. But in cases where the cause is such as to admit of removal, as, for example, in a severe disease of the joint of the knee, which may be removed by amputation, you will find that all the worst symptoms of hectic will speedily cease when the source of irritation is gone; you will find that the patient then obtains rest, his appetite returns, and, in fact, his strength is speedily recovered.

What, then, is the treatment that is suitable to hectic? If you regarded merely the state of the vascular excitement, you might suppose that it would be necessary to adopt some means that might directly diminish that excitement, but you must take into view at the same time the condition of the patient in other respects. No powerful means—no direct kind of depletion, would be borne; they would merely lessen the powers of the system without doing good. Your object, in fact, is to sustain the strength of the patient—to keep up the powers by means that do not at the same time excite. You would then be inclined to give the lighter kind of tonic medicines—the dilute mineral acids with light bitters, such as bark and cascarilla. You would let the patient take, in small quantities, light, but nutritious diet. The dilute muriatic, and the dilute sulphuric acids, possess as much power as any means you can employ in checking the profuse perspirations which are often so troublesome in hectic. When a patient is unable to obtain rest—when he passes uncomfortable nights, you may occasionally see it necessary to administer narcotics. It is on the whole a kind of temporizing plan, in which you endeavour to administer mild remedies to support the strength, without adding to the excitement.

March of Modesty.—In the *Lizard* of last week appeared an article in which the author (a Mr Ferneley) concludes by declaring that he has "drawn largely from the Dictionaries of Cooper and Copland, and from the Medical Gazette, considering them as an epitome of the experiments and opinions of those eminent men, whose works are quoted in those "Leviathans of Medical Literature"! O vanitas vanitatum!!

There is a most interesting, and we believe unique case at Charing Cross Hospital, of dislocation of the tibia outwards, with fracture of the internal condyle, the soft parts being uninjured.

UNNECESSARY INQUESTS BY "CONTRACT" SURGEONS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—May I draw attention to the plan adopted by some of causing inquests to be held on all the unfortunate inmates of their workhouse who die in it. This expedient is adopted by men who have engaged to *attend* the poor of the union at a *fixed low rate*, lower than any of the respectable practitioners of the neighbourhood would, and thus try to make up what must otherwise be a loss, by adopting the above truly despicable and degrading method. Cases of this description are occurring daily; one only this week came under my notice, where the unfortunate subject of the inquest was a boy who died from an attack of hooping cough, *after being a sufferer for many weeks*; —yet the sapient Esculapius of the union (who by the bye got his birth by *tender*—to the exclusion of one who had attended the same parish honourably for some years), must have an *inquest*—ay, and a post mortem too. An union surgeon informed me the other day that the income he derived from this plan alone amounted to upwards of 100*l. a year*—"*credat judeus*"—can such things be?—can men of liberal education—men educated in a profession than which none calls forth the better feelings of our nature more—can it be believed that men are found now in this the nineteenth century, who will, for the sake of a few pounds, unhesitatingly degrade their profession? I am, sir, &c. R. H. C.

RIGHT OF CHEMISTS AND DRUGGISTS TO PRESCRIBE.—APOTHECARIES MONOPOLY.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—I trust you will permit me to say a few words on the workings of one of the most shameless monopolies that ever had the sanction of legal perversity in the form of an act of parliament. The case I am about to relate is well known to many of your readers. I allude, sir, to the recent prosecution of the Apothecaries' Company *v.* Greenough a respectable chemist and druggist at St. Helen's, Lancashire, and the indisputable decision of Baron Maule must for ever stamp his name as a superior lawyer, as well as reflect great credit on the twelve honest men of Liverpool, who so nobly performed their duty on that occasion in finding a definitive verdict for the poor defendant. This poor man, it appeared on the trial, has been very successful in his practice amongst the poor of St. Helen's, which has proved an act of great annoyance to the six guinea apothecaries of St. Helen's. Now it was proved on the trial that several cases that the defendant had successfully treated, had previously applied in vain for medical assistance to the six guinea doctors above mentioned; and for these acts of humanity he was dragged into court as a criminal, to be mulcted in heavy penalties. I say, sir, that a more odious attempt I never knew on the part of any company: that the Company of Apothecaries should single out this poor chemist (when there are and have been, for many years, cases out of number under their own noses, and next to their own doors), and bring the case into court as an instance of infringement of the law, I do say excites my astonishment, and must excite the astonishment of every one.

Now, Mr Editor, I should like to know where the act of parliament is which prohibits a chemist and druggist from compounding and dispensing medicines for patients in medical cases. I would beg leave to ask also, where is the act of parliament which states that a chemist and drug-

gist is not to advise, visit, and dispense medicines for patients in medical and surgical cases? Not in the statute book—not a word of it. The legitimate office of an apothecary, in the very act on which they seek to recover these penalties states, "That whereas it is the duty of every person using or exercising the art and mystery of an apothecary, to prepare with exactness, and to dispense such medicines as may be directed for the sick by any physician lawfully licensed to practise physic in London," &c. &c. Pointing that out as the real and lawful functions of an apothecary, as designated by their own act of 1815, the rest of his calling is all usurpation. Do not chemists and druggists do the same thing every day in the week? It is known to all the trade that the 55th of Geo. III has expressly secured the rights of chemists and druggists from all operations and penalties of the aforesaid act; the act of parliament not only authorises all chemists and druggists to mix, compound, and dispense medicines for patients, but it also authorises them to do every other thing which had been done by persons carrying on that business before the passing of the apothecaries' act; therefore, if chemists and druggists did not visit, prescribe, compound, and dispense medicines for patients in medical cases, how came the House of Lords in the year 1705, in the case of Seale *versus* Rose, on a writ of error, to decree that it was legal for an apothecary or chemist to visit, prescribe, and dispense medicines for patients in medical cases, without having any license from the College of Physicians, a period of 110 years before the Apothecaries' act came into operation. This decree and the 28th clause of the Apothecaries' act nullifies the act altogether as far as chemists and druggists are concerned; and it is by this decision that the apothecaries practise as physicians, and at the same time wish to exclude the right from their fellow-labourers in the cause of medical reform of that day. I think, after this, no judge or jury can have a better legal precedence for their guide as to the legal right conferred on chemists and druggists; that the Apothecaries' act is a close monopoly, and that the act in question was obtained to serve their private interests, few, we think, will have courage to deny; and few will deny that monopolies of all kinds are alike injurious to enterprise and speculation, and has its blasting influence when suffered to exist. It is a well known fact, that the apothecaries began the world in this island as mere grocers, but on account of their ignorance in compounding medicines, it was necessary to separate them from the grocers. I would ask, is not the word "apothecary" fully defined in all books of authority as one might suppose,—one whose employment is to provide medicines; not to attend patients, not to advise about them, but to provide medicine for sale. This very Company of Apothecaries permit every chemist and druggist in England and Wales to practise pharmacy (an ugly word for them) in their own shops; but as soon as a chemist and druggist dares to walk out of his shop to recommend rhubarb to his patients instead of magnesia, then he is to be threatened with legal proceedings. Why, surely, sir, every one has an undoubted right make to the best of what undoubtedly is their own. Hundreds of chemists and druggists, long prior to the first of August, 1815, visited, prescribed, and dispensed medicines for patients. What law was to prevent it?—Hundreds practised under no denomination whatever.

Are the Company, or their counsel, prepared to prove that chemists and druggists did not visit, prescribe, and dispense medicines for patients before 1815, and whether this occupation did not form a considerable part of their trade and business? The Company's counsel would willingly make judge and jury believe that the defendant was an apothecary, whereas he was simply a chemist and druggist; and if he chose to send in a bill and style himself a surgeon, he had an undoubted right to do so, notwithstanding the act of 1815. I would also ask, how came the Company to leave this question so long untried,—a period of 24 years? Because, forsooth, they knew they could not get a verdict in their favour. I trust, after this exposure of the worthy drug-mongers of Rhubarb Hall, that the men of Liverpool and all the druggists of the United Kingdom will unite hand and heart to get rid of so base a monopoly, which produces consequences injurious to the best interests of the public welfare. The Company has, to their shame, invariably sought their own aggrandisement, and undeviatingly pursued their own private interests to the manifest injury of the community.

The whole of the medical and surgical institutions of Great Britain are governed by a spirit of vile monopoly? Many a bright genius has been driven from his native land to some foreign clime, in consequence of parents being unable to comply with the extortionate demands made by these monopolists.

I will now conclude, Mr Editor, by expressing my thanks for your early and kind insertion of this letter in your widely circulated and excellent journal. I am, sir, with great respect, your constant subscriber,

JAMES LOCOCK, Surgeon, &c.

West Woburn, Bucks.

[We shall reserve our comments upon this subject to another opportunity.—ED.]

TO MESSRS QUAIN, THOMSON, AND THE OTHER PROFESSORS WHO JOINED AGAINST DR ELLIOTSON.

I PLEAD NO apology for addressing you on a subject which has excited the indignation of all honourable minds: so far from thinking it a liberty, I contend that you are under pecuniary if *not moral* obligation to me, and therefore liable to be called to account for the abuse of the trust imposed upon you. The blush of innocence will not o'erspread your brows when I affirm, that you are parties to a base conspiracy, which has deprived me and other students of the valuable talents of the late esteemed professor. I for one entered as a student to University College, wholly and solely that I might enjoy the advantage of DR ELLIOTSON'S instruction. He was the beacon which induced me to enter your classes, as I wished to finish my education at one school. Have you then discharged your duty as men, as colleagues, as friends, in raking together the rankling weeds of malignant envy and distorted jealousy, so as to overwhelm the man who has so long withstood the petty assaults of his avowed but less powerful enemies? His fame has brought grist to your mill; but gratitude is not an essential of a low, sordid, mind. You have broken faith in one instance, and we have no security that you will not do it again. Your protege, Dr Williams, is only safe so long as he succumbs to your views; woe betide him, should he dare to think for himself. The storm has not subsided, neither will your creditable efforts so soon be buried in oblivion. There are some to whom honour is dear, who despise alike your favour and your malice; such as these will keep alive the torch which you have lit, and time will show whether the present triumph of illiberality and injustice will add much to the prosperity of University College. STUDENT, U. C.

MEDICAL APPRENTICESHIP.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

November 27, 1839.

SIR,—May I draw attention to the manner in which young men are educated for the medical profession, previously to their attendance upon lectures? In London, teeming as it is with practitioners, each must have his pupil. The surgeon has, indeed, an extensive practice—keeps his horses—his day-book is crammed; but of what use is this to the pupil, who sits at home for three, four, or five years, as the case may be, in a surgery no larger than a pantry, surrounded by medicines of which he is cognizant only of the names? He puts up prescriptions composed of medicines long since gone by; new medicines, and the mode of their exhibition, are unused, consequently unknown. There are many practitioners in this metropolis who, not content with one, must have two! three! four! pupils—to do what?—to mix, label, and tie down a dozen bottles or so of medicine, this being all the instruction afforded for an enormous premium. What can pupils learn from this? Do they know for what complaint one mixture containing opium, another creasote, are prescribed? Can they guess, when V. S. is written down in the book, for what symptoms it was prescribed, and in what cases *they* should order it when called upon to act? Ask one-fourth of the students at our hospitals, when they begin attendance, if they ever bled, cupped, or even prescribed for a patient. They have not. Is not this, then, an abuse which ought to be remedied? This accounts for our not having the men in the profession that ought to be in it; for few who, for five long years, have been pent up in the limited confines of a surgery, without the means of obtaining knowledge, recover strength and vigour of intellect sufficient to grasp the science of medicine in its widest sense. Like hothouse plants when placed in the open air, they do not thrive. While other professions and arts afford abundant means of instruction to their young aspirants, it is a reproach that the art and mystery of medicine should never be acquired until years after the pupilage has expired. Much is talked of a "Medical Reform:" if it is brought about, may some law be made to compel those who take pupils to furnish, at the same time, proper means of instruction. A LATE PUPIL.

STATE OF THE PROFESSION IN FRANCE.

BEING THE REPORT ON MEDICAL EDUCATION, PRESENTED TO THE MINISTER OF PUBLIC INSTRUCTION. BY M. ORFILA.

SIR,—At the present period, when a legislative measure for the regulation of the teaching and practice of medicine is being prepared, it seems necessary to submit to you certain details relating to the instruction and examinations in the medical schools of France, during the scholar year 1838-1839. Such a detail may, perhaps, elucidate certain questions, especially the, as it seems to me, injurious project of multiplying the faculties of medicine, and diminishing the number of the secondary schools.

Number of Pupils.—In the report presented last year to your predecessor, I particularly insisted on the diminution in the number of medical students, which resulted from the Ordnance of the 9th August, 1836, in which it was enacted, that no one should become a pupil in any faculty of medicine, unless he had previously attained the degree of Bachelor of Letters; the degree of Bachelor of Science being further insisted on previous to the

inscription being taken out. In November, 1835, the three faculties of Paris, Montpellier, and Strasburg, together with the eighteen secondary schools, inscribed 1522 new pupils; whilst in 1837, the number amounted to but 744; and the following table shows, that during the scholar year 1839, but 596 pupils commenced the study of medicine:—

Faculties of Medicine: Paris, Montpellier, Strasburg, 295.—*Secondary Schools:* Amiens, Angers, Arras, Besanoon, Bordeaux, Caen, Clermont, Dijon, Grenoble, Lyons, Marseilles, Nancy, Nantes, Poitiers, Rennes, Rheims, Rouen, Toulouse, 301. Making a grand total of 596.

But though it seems undoubted, that the diminution in the number of pupils is due to the Ordnance referred to, may it not be said, that many young men were, in some measure, taken by surprise, by the new qualifications imposed on them, and that we may expect to find them again swelling the list of pupils, when they have had time to comply with the new preliminary regulations? I cannot think that the number of pupils will augment considerably for several years to come. 1st. Because, in the secondary schools, where the degree of Bachelor of Letters is not required previous to the granting of the first inscription, there were, in November, 1835, 472 new pupils, whilst in 1837, there were but 286, and 301 in 1838; and this, although the instruction in those establishments is much more extended than formerly, and the inscriptions therein taken have no longer to be a second time taken out in the faculties, as was the case in 1835. 2dly. Because the pupils who, in 1836, had not the degree of Bachelor of Letters, have since had sufficient time to obtain that degree, and to be inscribed in the faculties in 1837 or 1838. In my opinion, the diminution in the number of students is referable to the provisions of the Ordnance already recited—to the increased severity of the examinations in the faculties of medicine, to the inordinate number of doctors of medicine, and "Officiers de Santé," received by the faculties within the last ten years, and to the increasing development of commercial industry, which necessarily diverts many young men from their intended profession of medicine. I shall not insist on the great advantages of this result; it is sufficiently obvious how much the profession must thereby gain in character and dignity, not to mention the additional security thereby given to the public, as regards the instruction of medical men. It is worthy of remark that the diminution in the number of pupils has chiefly occurred in the faculties. This result, far from surprising me, but confirms the opinion which I stated in 1837, to the effect, that well organised secondary schools offered such advantages that parents would doubtless prefer these institutions to the faculties, for the commencement of the education of their children; the pupils in the former being fewer in number—the subjects of study more numerous—and the institutions themselves subjected to better discipline and surveillance than the faculties.

ADMISSIONS TO THE DEGREE OF DOCTOR.

Faculty of Paris.—2301 candidates were examined during the scholar year just ended, 323 of whom were rejected, that is to say, 1 in 7.

Faculty of Montpellier.—Of 771 candidates examined during the years 1838-39, 37 were rejected, that is 1 in 27.

Faculty of Strasburg.—Of 152 candidates, 8 were rejected, or 1 in 19.

The three faculties granted 614 doctors' degrees—429 at Paris, 162 at Montpellier, 23 at Strasburg. This number is certainly large; but in 1841, and subsequently, will doubtless be diminished to 200 or 250, as then the candidates must be furnished from the pupils of 1837, 1838, &c., who are few in number, whilst the doctors admitted this year form part of that prodigious mass of students which encumbered the faculties in 1833, 1834, 1835.

Secondary Schools.—The general and municipal councils have voted funds, during the past year, to the schools of Angers, Lyons, and Poitiers, both to defray the expense of the new courses instituted in 1837, as also to remunerate the professors who were previously without salary. I cannot conclude this report without pressing on your attention the indispensable necessity of introducing, during the approaching session of the chambers, a law for the regulation of the teaching and practice of medicine. Such, indeed, I know to be your intention, and beg, beforehand, to tender you my thanks in the name of the medical profession. The existing order of things must inevitably lead to an augmentation in the number of the "Officiers de Santé," as the pupils who cannot obtain the degree of Bachelor of Sciences must renounce all hopes of attaining a doctorate, but in my opinion (although I admit the merit of many of the "Officiers de Santé" at present practising), there should be but ONE CLASS OF PRACTITIONERS IN FRANCE;—and I must add, that there is an urgent necessity to repress, by legislation, which should protect every interest, the grave abuses which exist in the practice of medicine and pharmacy.

ORFILA.

SPIRIT OF THE MEDICAL PRESS.

CASE OF SALIVARY CALCULUS IN THE DUCT OF STENO. BY R. MAFFETT, ESQ.

WILLIAM WILKINSON, aged 80, by trade a carpenter, residence, Glasslough, called on me some time ago to procure my advice for an inflammation of the left cheek, to which he had been occasionally subject for the last eighteen months: the distance of time between each attack varied from six weeks to two months. At this period there was swelling of the cheek and tenderness to the touch, and, on closer examination, an unusual sensation of hardness, and a greater flow of saliva in the mouth than (under ordinary circumstances) should have existed. He stated that he had been sensible of something grating in his mouth, when the side of the cheek was forcibly compressed against the teeth. He had not submitted to any treatment for the removal of the tumour, and had merely taken occasional doses of aperient medicine. Externally, I could discover nothing in addition to the appearances already detailed, but on the internal surface of the cheek I detected an unusual developement of the mouth of Steno's duct, and a *gritty* papillary eminence in the centre of the opening. This substance was on a level with the margin of the orifice, though not fully occupying the space, which was owing to the configuration of the calculus, its shoulder tilting up the margin of the duct, which latter was consequently stretched a little, and the lip necessarily appearing rather flaccid. On one side of the margin there appeared a slight ulceration, from which a little blood oozed on pressure. Having satisfied myself of the presence of a calculus by the appearances, and also by the introduction of the flattened end (or head) of a crooked needle around a portion of the substance, I immediately brought the index finger of the right hand to press over the tumour on the outside of the cheek, and having the index finger, and the one next it, of the left hand, on either side of the opening on the internal surface, I felt no difficulty in dislodging the calculus. A drop or two of blood followed, from the lip of the duct giving way and opening into the ulceration already described. The calculus weighed a drachm and eight grains; it was rough on the exterior, and firm in its composition; its shape bore a strong resemblance to a cone of prepared chalk; the base was situated externally, and the apex directed towards the teeth.

I examined Wilkinson on this day (October 30); he has had no inconvenience since—had never been affected with anything similar; there is a very perceptible depression on the internal surface of the cheek, corresponding to the lip of the duct, and the contiguous portion where the ulcer existed.—*Dub. Med. Press.*

RUGGED RHYMES ON A WEIGHTY SUBJECT.

[The following rhymes were made in order to impress on a student's memory the much abused atomic weights. Like the well-known lines by which three-fourths of the people in England recollect the number of days in the different months,—"Thirty days hath September," &c.—these may assist students with bad memories, and if only one recollects the troublesome numbers, it will repay their insertion.]

Twenty-four Sodium, forty Potassium,
With which Selenium's number agrees,
Then come Silicum, Boron, and Oxygen,
Eight are their numbers, dear sir, if you please.

What shall we mention next?—Sulphur and Phosphorus?
Please old Berzelius, and give each sixteen:
If we should miss them, t'would be a great loss to us—
Ammonia's metal has never been seen.

If Lithium's atom you'd wish to discover,
From Lithia, eighteen, take Oxygen eight;
Aluminium's the same:—I tell you moreover
Platinum's a metal of very great weight;

And if you're inclined, in body and mind,
Quite firm and secure its atom to fix,
Examine it well, and soon you will find
The weight of its atom is just ninety-six.

Strontium is forty-four—Antimony nothing more—
Iron, Chrome, Manganese, each twenty-eight:
Bromine is just four score—Copper is sixty-four,
Twice carbon, gives Magnesium's atomic weight.

Twenty, and twice three, I'll quickly convince ye,
Respectively equal both Cobalt and Nickel.
Gold is two hundred, and can it be wondered
That Mercury also should have the same weight?

Carbon is six, and Chlorine just thirty-six;
These added together, you've Iodine's third.*
Calcium's a metal resplendent and brittle,
That its atom weighs twenty I pledge you my word.

One month and six days † Davey sail'd on the sea
To try his new projects with Zinc;
Three score years and ten are allotted for men,
Which is Barium's true atom, I think.

To poison the rats I some arsenic laid—
For tom cats they cared not a pin—
I kill'd thirty-eight—(the metal's own weight)
Twenty more is the atom for tin.

Twelve Carbons I tell you make Bismuth's weight,
Nitrogen's fourteen—Oxygen eight.

Sawbones.

* Query—plus 2.—PRINTER'S DEVIL.
† *Id est* four times 7 28 6 34—the number for Zinc.

FEVER IN ST LUCIA.—The yellow fever, which has lately made dreadful havoc in this island, has greatly abated. Continued cases amongst the troops in the garrison, however, present a fair melancholy exception. The 54th regiment has been so thinned by it, that the usual guards have not been supplied from its ranks for several weeks.

TO CORRESPONDENTS.

A Portrait of Mr Colles, of Dublin is our next.

Another of a member of the Leeds Medical School is in preparation.

At the North London Medico Chirurgical Society, after a discussion upon Mr Park's paper on Gonorrhœa," Mr Wootton brought one forward on "Injuries of the Head."

"A Voice from the Commons" *revealing the feeling towards Mr Wakley, in our next.*

It is quite true, that when Sir James is much bothered by any anxious candidate, he ships them as bores *for Sierra Leone.*

Medical Schools.—*An examination of the number of pupils in the various schools, and their different claims to support, is in preparation.*

Mr E. A. Steddy *gives testimony to the use, some years since, of the remedy proposed by Mr Rawlins for gout; but while he shows the treatment to possess no claim to novelty, he does not deny its success.*

K. K.—*If Students' Societies are not so orthodox, they are also less dull. Good must arise from them.*

The Apothecaries' Charter.—*In answer to Medicus and other enquirers, we may state that it is only the* Charter *which is about to expire. The Act of Parliament is not, we believe, at all affected by this; but we bide our time—we are quiet, but not sleeping.*

D.—*Medical books are very expensive, but those he refers to are not copyrights. One of the best works on surgery is 'Lawrence's Lectures,' and, with all the other matter in the 'Medical Times' will not cost so much as those lectures alone would be charged for, if published in the ordinary way.*

The attempted plunder—it can bear no other name—is known to us. The advertising columns of the daily papers are often made use of for similar purposes.

St George's Hospital.—*A friend who was passing this hospital a few days ago, saw several very grave-looking personages in apparent high discussion, and was not surprised at hearing the following dialogue:—"Who the devil is he? What an awful state the country has arrived at when hospital surgeons are allowed to be castigated—lampooned in such an awful manner as if they were a set of clowns. Do you know, Dr R., who the devil is the rascally editor?" (Passionately.) I saw one of the bills announcing its contents hung up the other day, and immediately tore it down, and have ordered my servants to stop the carriage, and serve every one they happen to see in a similar manner—*(getting very warm). *Oh, I don't mean to"—*(Rest of the company)—*"Bravo—Capital!! What a courageous."—"I don't mean, I say, to stop there, but will hunt the fellow down as certain as fate. Roderick, you must annihilate him by a tremendous effort—bring all your feeble energies into play, and if not sufficiently strong, I will come to your assistance. Are we"*—(Echo)—*"Splendid!! what a splendid!! fellow—now we should never"—"To have no peace—That Wakley is scarcely yet quieted—although I assisted him into the coronership—When this fellow starts up to interfere with our little jobs—it's monstrous—it's not to be borne—try, gentlemen* (in a whine), *do try and find out who the editor is—get him, if possible, over to our interest—make him every promise, and if he should not be satisfied with them, why I will even pop him into some birth. Try your best—do now—and let me know to-morrow."*—(Exeunt omnes.)

Dr Williams *is a great friend to the stethescope—he would appear to greater advantage if he assumed less apparent nonchalance; it is evidently put on, forced,—and were he to conduct himself a little more gracefully whilst lecturing, his appearance would certainly be improved. Even his friends own that he has not fulfilled the expectations which were first entertained respecting him, as regards his delivery—it is decidedly bad. His language is often wanting in clearness of expression, and the style is halting. It is his habit to read, in a monotonous manner, long passages from the sheets before him, and subsequently having thrown himself far back in his chair, to expatiate on the subject just read in a conversational style. The continual change is very striking and disagreeable. As a matter of policy we suppose he often contrives to introduce, in an honourable manner, the name of his predecessor, Dr Elliotson, which of course pleases his hearers, and is followed by the usual stamping of feet, and other evidences employed by the students to express their satisfaction. But Dr Williams, nevertheless, seems to be one of those persons who are improveable,—we think he is not one likely to stand still in his profession.*

The 'Lancet' doubtless puffs the Dublin Lying Hospital for a consideration.

The "Specific" for gout is openly sold by a man calling himself M. R. C. S.

The Letters signed Ar. J. *we strongly suspect did not come from the little oculist. The abuse of Mr Carmichael contained in them might have hoaxed us five years ago, but we know as well as our correspondent, that Carmichael and Jacob are as thick as pick-pockets. We have heard of the dinners.*

Jobson, *the puffing dentist of Albemarle street, is the son of a publican at Cheltenham, and we presume took on gentility and drawing teeth on finding that drawing beer and packing "screws" of tobacco was too* low *an occupation for a man of his conceit.*

A Correspondent *states he saw a clownish figur stop the other day at a booksellers shop, and notice a child who looked rather ill, and after kissing it, he examined the mouth, and immediately exclaimed, "Heavens, this child will die; it has three bad teeth! bring it immediately to the Middlesex; I will get them extracted, before the little —— gets typhus fever. a complaint always caused by bad teeth.—By the bye, read my book on the teeth; that will show you all complaints arising from teeth* alone. *The cost is little—only half price.*

P. Q.—*The funds must be low indeed to require the aid of 2s. 6d. subscriptions, obtained through the begging of little boys. The Society for the Prevention of Juvenile Vagrancy are about to take notice of the King's College, for converting their junior pupils into petty mendicants. Are they supporting their motto by such means?*

Sir Charles Clarke is now on the look out for some one understanding *midwifery to grind him up on the subject previous to the Queen's marriage.*

Fanny Hawkins, *poor little thing, had a miscarriage a few days back, induced, it is said, through Herbert's awful looks; the president has ordered her the mist. ferri. co. three times a day—to be followed as soon as possible with the exercise of throwing leaden pills. What a ferocious command of old Hal's!! We advise the senior surgeon to prepare his* long *catlin.*

N. B. *has our thanks. Send frequently.*

A Young Author.—*There is not in the whole range of the bookselling fraternity a more mean-spirited creature than* Renshaw *to his fellow bibliopoles or to an author. These excellent qualities have received severe rebukes from the first houses in the trade. Mr Green, of Longman's, declared on one occasion when Renshaw resorted to the dirty trick of erasing publishers' names from joint stock books, that "he* (Renshaw) *was too fast, he was too presumptuous; he must be combed down a bit—his conduct was disgraceful as a tradesman, and he should be made to alter it." Mr Green was as good as his word. He wrote a letter to Renshaw which scared him out of his small wits, and the sycophantic crawling creature succumbed and promised amendment. We are not aware of any encouragement this bibliopole has ever bestowed on literature. If his ignoble name is attached to some good books they are not his own speculations, they emanate from far wiser heads than his own empty caput. 'Andral's Clinique Medicale' is a failure; Mayo's books our old friend Mr S— once declared to be only adapted to* one *dirty purpose. Liston's 'Operative Surgery' is Mr Churchill's "spec;" Druitt's 'Vade Mecum,' although successful, came from nearest the heart of its author. Poor Druitt was gulled by Renshaw to adapt Hooper's 'Vade Mecum' to the present state of medical surgery, and run the risk of an action from Liston for appropriating the plates from his surgery. Renshaw paid Druitt a paltry 30l.!! Yes, Renshaw gave him no more, although Druitt had been the successful author, or compiler rather, of some excellent 'Memoranda for the Use of Surgeons.' In short, there is not a bookseller in London who does not remember some amiable trait in the character of this bibliopole, which induces him to smile significantly when Renshaw's name is mentioned. We have much more to say, anon.*

THE MEDICAL TIMES.

KING'S COLLEGE HOSPITAL JOB.

Where the carrion lies there will the crow congregate. The interest of the Joint Stock Politico-Proprietary King's College having rendered a hospital necessary, in order to get students to spend their money with the dealers in certificates who fill the "chairs" in the *sancte et sapientiæ*,—the charitable and humane were laid under contribution, political partizanship and pious zeal were put in requisition, to raise the requisite funds. As the party who are connected with this affair are well stored with places, property, and patronage, it was not long before a handsome amount was subscribed; and this important preliminary being satisfied, down came the jobbers to fill up the offices thus created. Physicians! Surgeons!! Apothecaries!!! Glorious prospect—bright anticipation. Here was a field. No *concours*—no looking out for the best man—no inclination to award the responsible post to the candidate best qualified to fill it, but busy whisperings and canvassings in quiet—notes to this subscriber, and recommendations to that governor—Professor Todd toddling this way, and Professor Partridge flying that—and, lo! the affair is settled, by divers weighty considerations, in favour of the candidates who receive such all-sufficient support. If John Hunter were alive to-morrow he would have no chance of an appointment—unless he could *pay* for it.

Many rumours are afloat respecting the persons who have been fixed upon to form the new hospital staff, but although we guess some of them, we believe those who have exercised the power of nomination are too prudent to let their decision be made known at present. A subject that has given them more trouble than any other is the concoction of replies to the remonstrance of many supporters of the institution, as to the site fixed upon for the hospital. Not only The Medical Times, but many other journals having called for attention to the subject, a loud demur was raised to the presence of the festering grave-yard, and after the professors had in vain declared "*that the exhalations were not injurious to health*,—that when the building was a workhouse fewer sick were in it than in any other," and several equally wretched excuses, the last announcement was, that "if it was found injurious (if) the clerical supporters of King's College would have the grave-yard shut up." It is something to have achieved this, but if the latter promise is fulfilled, there still remain the other objections. Can the clerical holders of shares in King's

college get rid of the filth of the shambles—of the wretched, poverty-stricken alleys and lanes that breed a pestilential atmosphere all round the place? Verily the pious supporters of the job have selected a beautiful neighbourhood for their pupils, as well as their patients. What the students fail to learn in the wards, they may, perhaps, pick up between the hospital and the Strand.

While the King's College clique are in the very throes of a job, their confreres of Gower street are not idle. Mr Richard Quain is quietly setting his nets; and, patient as old Isaac Walton himself, is making sly but secure arrangements for *seating himself in the chair of surgery*. For some time past Mr Cooper has felt an inclination to vacate the onerous post he now fills, but having been cajoled into a favourable opinion of the "grateful brother," he has been induced to hold his ground until Quain is quite secure of occupying it. This is a matter of some difficulty even for the intriguer himself. Mr Liston, by his peculiar coolness and dexterity in operating, from having reduced surgery to a matter of dissection on the living subject, and made the knife his "glory and his pride," has obtained a character among both shareholders and students which points him out as a like successor to Samuel Cooper. This renders it requisite that precautions should be taken, and arrangements completed before any public step is ventured on, Quain and his tail, therefore, are not idle. It has been rumoured that Mr Cooper is not a mere tool in this affair, but that he has an object in view beyond that of doing the grateful Richard a service; in fact, that he wishes to nominate a favourite to the chair now filled by Quain. There are many reasons for placing some reliance upon this, but not wishing to think ill of the author of the dictionary, who can certainly afford to hold himself superior to jobs and jobbing, we shall take no further notice of this portion of the subject at present. If, however, in his latter days he allows himself to be drawn from his high estate—if he sinks from the gentleman into the jobber—then, though the duty be performed more in sorrow than in anger, shall we perforce couple him with the other toadies, intriguers, caves-droppers, sneaks and slaves, by whom he is surrounded, and in their foul company will he be "damned to everlasting shame."

There was last week a report current, that two out of three candidates for the diploma of the College of Physicians were rejected at the last examination. From another quarter the report has been positively contradicted, and it is asserted that the four candidates who went up were all *passed*. It must, however, be suspected that there must be some inkling of truth in the first instance. We understand that the nature of the examination at the tribunal in question has assumed a much higher character than it has ever previously done, which certainly reflects credit on the ruling powers. The system is undeniably bad, but we deem it preferable that as much amelioration as practicable should be effected within the trammels of corporate irresponsibility than that scientific interests should remain at their former low ebb. We may advert to the subject again at a future period.

PAPERS BY SIR ASTLEY COOPER.

[The following observations will be perused with pleasure, as coming from the pen of our eminent countryman. They are from the last Number of Guy's Hospital Reports.]

OF FRACTURES OF THE HEAD AND NECK OF THE OS HUMERI.

As these injuries often resemble dislocation, so as to lead to great mistakes in their diagnosis and treatment, I have, in the following pages, brought together the observations which, in the course of my practice, I have had an opportunity of making concerning them. These accidents are of three kinds:—

First—Dislocations of the os humeri into the axilla, with fracture, and detachment of the head of the bone, which is thrown on the inner side of the inferior costa of the scapula.

Secondly—Fractures through the neck of the bone, at the tubercles; in which the head of the humerus is broken off, but it remains in the glenoid cavity. This fracture occurs at the epiphysis, or anatomical neck of the bone.

Thirdly—A fracture below the articulation, between it and the insertions of the pectoralis-major, latissimus dorsi, teres-major, coraco-brachialis, and deltoid muscles. This part has been called the surgical neck of the bone; but why, I do not know.

OF DISLOCATION AND FRACTURE.

In the first accident, or dislocation with fracture, a person falls, pitches with violence upon his shoulder, or a heavy-laden carriage passes over it; by the first impression of the accident, the os humeri is dislocated; and by a second, the neck of the bone is broken, and the head is detached, and lodges in the axilla. The signs of this accident are, the usual symptoms of dislocation of the os humeri into the axilla, the head of the bone being there felt; but with somewhat less hollow below the acromion, and behind the deltoid muscle, because the broken extremity of the shaft of the bone quits the fractured head, and becomes situated in the glenoid cavity of the scapula. Upon rolling the arm, the broken shaft of the bone can he perceived to move under the acromion. There is little power of motion; and considerable pain, not only in the shoulder, bnt in the arm and hand. The head of the os humeri can be felt in the axilla, when the arm is raised and the surgeon's fingers are thrust into the axilla; but when the arm is rolled at the elbow, the head of the bone remains entirely unmoved, or very little obedient to the motion of the elbow. There is, in some cases, but not always, a distinct crepitus; but, more frequently, a grisly feeling, from friction of the broken neck of the bone against the glenoid cavity and its cartilaginous covering. The broken end of the os humeri is drawn somewhat forwards, but it is easily pushed in the glenoid cavity; from which, unless it be supported, it is again drawn by the pectoralis and coraco-brachialis muscles. The arm, measured from the acromion to the elbow, is shorter than the other. As great violence has occasioned this accident, the parts are much obscured, by the effusion of blood, and by the inflammation which speedily follows; but, for the first three hours, the muscles are so lax, that, but for the pain it occasions, considerable motion of the limb may be produced. I have seen many of these cases, as, I believe, in the living; but I have dissected three of them, and, therefore, can describe them as they appear in dissection, as well as the character they bear during life. I gave one of the preparations to St Thomas's Hospital, one to the museum at Guy's, and I have the other in my private collection.

I examined the body of Mr Hollingsworth, who died of stricture of the urethra, and diseased bladder and kidneys. When these parts had been traced, to see the changes which they had undergone, I said to the surgeon who attended him with me, "Had he any accident or other disease, to your knowledge?" and he answered: "Why, he once broke the neck of his scapula, for which I attended him; and he never recovered the use of his arm." Upon looking at his shoulder, I found it sunken and altered in shape; and I observed that I thought I had seen the accident in living patients, but I never had an opportunity of observing the morbid appearances in the dead; and, therefore, I said, "We must not neglect to look into this accident, and to add the fractured parts, as a preparation, to my collection. Upon inspecting the shoulder-joint, I found the neck of the scapula uninjured; but the head of the os humeri was dislocated into the axilla, and broken from the shaft; and it remained upon the inner side of the inferior costa of the scapula, to which it was firmly united. The tubercles of the neck of the os humeri were broken off with the head of the bone; and the fractured extremity of the neck of the os humeri was placed in the glenoid cavity of the scapula. The underhand motions of the shoulder were restored; but the elevation of the bone, beyond a right angle, was strongly resisted, and even with difficulty could be accomplished in the dead body. * * *

As to the diagnostic signs which distinguish this accident from simple dislocation in the axilla, I would observe, that the fall and depression of the shoulder is less striking than in that accident, the shaft of the bone filling up the glenoid cavity. That still the head of the os humeri can be distinctly felt in the axilla; and, that as it does not roll when the os humeri is rotated from the elbow, this becomes the principal diagnostic mark. That a grating sensation can generally be felt, and sometimes a very distinct crepitus, especially if the elbow be raised outwards during the rotation of the arm. That the upper broken extremity of the os humeri can be felt advancing to the coracoid process; but that it is easily returned into the glenoid cavity, and that it there rotates with the arm, but easily again slips forward. That the accident which produces it is more violent than that by which simple dislocation in the axilla is produced; and there is, therefore, a greater appearance of contusion, more swelling and more pain. As to the treatment:—extension is of no further use, than to bring the broken shaft of the os humeri into the glenoid cavity, where it forms an useful articulation; but no extension, however violent, disturbs the broken head of the bone, for no proper force could bring it into the glenoid cavity of the scapula. If reduction be ever effected, it will probably be by an extension with the heel or knee in the axilla. To keep the broken end of the shaft of the bone in the glenoid cavity, a pad must be put into the axilla, to thrust it onwards: a clavicular bandage must be used, and the arm be supported in a sling. But let the surgeon do what he will, the head of the bone will probably remain in the axilla, and the upper motions of the arm will be in a considerable degree lost. These cases should teach the members of our profession to be kind, generous and liberal towards each other; and not to impute to ignorance or inattention that which is the result of a generally-incurable accident. It too often happens, that when every trial has been made to restore the parts, and without success, the patient goes to some other surgeon, to whom he shows his arm, and points out its uselessness and want of motion. A

jealous and illiberal man might say, "Yes, this is a dislocation which has not been reduced: I wish I had seen it at first; but now it is too late for a successful attempt to replace it." However, every intelligent well-informed surgeon will *now* confess that no knowledge or exertion of skill could have prevented the deformity and loss of the natural motion which results from this formidable accident.

[We intend to give the papers on fracture through the tubercles, and fracture of the surgical neck, in our next.]

On November 30, Mr Cooper continued his lectures on venereal disease, laying great stress on the injury done by local application to primary sores during the internal use of mercury. By this means a sore which had put on healthy action from the specific action of the remedy on the constitution, was rendered callous, and thus, the only index of the beneficial effect was destroyed. It was by no means necessary to continue the administration of mercury till salivation was adduced; it might be discontinued as soon as healthy granulations appeared; indeed, frequently a sore was thus rendered phagedenic, which would otherwise have healed kindly. He then related cases of ecthyma and cancrous sores discharging gonorrhœal matter.

At the commencement of this lecture, Mr. Cooper remarked, that as there was some one who reported his lectures *verbatim*, he must be much more cautious in his language. He used expressions which appeared uncouth in print, in order to impress his meaning more strongly on their minds.—We beg leave to offer a few observations on this point. The great advantage of oral over every other mode of instruction, consists in the facility it affords for impressing useful *matter* on the mind by *manner*. Mr Cooper appears fully aware of this, and perhaps more than any other lecturer of the day carries his hearers with him, reaching different minds by different avenues. The lectures are delivered in an off-hand but by no means careless manner, and we have endeavoured as far as mere words would enable us to present them to the reader with as nearly as possible the same vividness as though he were present. We need scarcely add, that no one should judge of an extempore clinical address in the same critical manner as the studied written productions of an author, and we have opportunities of knowing that the lectures are duly appreciated by our readers.—Rep. M. T.

CLINICAL LECTURE BY M. VELPEAU.

DELIVERED AT L'HOPITAL DE LA CHARITE, PARIS.

ACUTE HYDROCELE.

To recapitulate: when there exists a visible quantity of fluid in the tunica vaginalis, we shall find that the external parietis of the cyst surround the testicle, and are only in contact in one point, and that by depression we shall find the sensation of a cavity, the centre of which offers less resistance than its sides. A similar sensation is imparted on the sides and front of the tumour, caused by the tunica vaginalis surrounding the epididimis as well as the testicle, and extending to its termination. When there is a great effusion of fluid, this sensation will not be so perceptible, but then we can be convinced of its existence by the means mentioned before. Should, however, there be old standing adhesions of the tunic, we shall not be able to feel this sensation of fluid at the sides, as we shall in the anterior portion of the tumour; and when this is the case, it is always more evident in front. In conclusion, should we not feel this sensation either in front or on the sides, combined with any appearance of transparency of the tumour, we may rest assured there is no effusion into the tunic, and all other symptoms inclining to the belief of its existence are illusive. In order to be thoroughly convinced on this point, I have punctured the tumour with the point of a lancet, where the symptoms alone indicated the existence of fluid, and have invariably found none to exist. This fact I will frequently prove to you, and prove by experiments performed in your presence, and thus you will feel convinced of its accuracy.

Then with respect to the question of the testicle affected with the venereal disease, it has been decided with me that there is orchitis, occasionally accompanied with effusion into the tunica vaginalis; this is not, however, as M. Roeboux states, an inflammation of the tunica vaginalis combined occasionally with orchitis, but most commonly this effusion occurs either at the commencement or the termination of orchitis, and may be ascertained about the third or fourth day.

The effects of acute hydrocele are not extremely severe, for it may be cured in about the same time as orchitis, occasionally only passing into the chronic stage, and, in some very rare cases, ending in suppuration. Of this last example I have seen two cases; the one in the year 1834, the other in 1836; and as it is a very rare case, I will not detain you with its particular treatment, but only state, that when it follows either the total or partial cure of orchitis, the following treatment must be adopted:—The constant application of compression, kept constantly moist with a solution of lead (lotio plumbi), or by the rubbing in of mercurial ointment; the ointment of the hydriodate of potass, or the Ioduret of lead; a solution of one part of the muriate of ammonia to 24 of water, or port wine, applied constantly as a lotion, has likewise been found of the greatest service. A saturated solution of iodine has likewise been highly extolled in this affection. The plan which I have found to succeed best in my own practice, and which was also adopted by the late Baron Dupuytren, is the frequent applications of blisters and counter-irritants. Dupuytren, however, only ordered them of a small size, whilst those employed by me are sufficiently large to cover the whole of the scrotum in its distended state. I do not allow them to suppurate, but keep up the irritation by applying blister after blister for the space of a month. During the intervals, however, of the application of these blisters, I commonly order a bath; should this treatment not succeed at the end of a month, it must be omitted, and the plan recommended for chronic hydrocele adopted. Before terminating this subject, I must make a few remarks on a mode of puncturing the tumour. A plan which I have employed to satisfy myself of the existence or absence of fluid in the tunica vaginalis, and the manner in which I made these punctures, is with the points of a lancet, which is far from being any inconvenience, as would at first appear. Its employment is rather favourable to the cure of the disease, and the patients are speedily relieved, let the quantity of fluid evacuated be ever so small. Even when no fluid is evacuated, the cure of the disease is accelerated in a most marked manner. Having repeated this plan a great many times, I no longer employ it as a means of exploration, but as a decided plan for its cure, and find it exceedingly successful. I think this plan, discovered, like many others, by chance, will occupy a high station in practice, as it seems to me of the greatest utility, and the truth of which you may every day satisfy yourselves of by attending to the practice of this hospital.

CHRONIC HYDROCELE OF THE TUNICA VAGINALIS.

This is the affection properly termed hydrocele, and occurs extremely seldom in children, whilst with adults it is extremely common, and is produced by irritation of the scrotum, much walking, riding, bruises of all kinds, the friction of the thighs, or anything tending to cause irritation of the scrotum; pressure on the cord is likewise a frequent cause. Recent researches made on the inguinal canal prove that both the apertures of this canal and the canal itself may be compressed by the action of the lower portion of the abdominal muscles, and thus afford sufficient explanation of the reason why individuals occupied in laborious employments are more frequently the subjects of this complaint, the exertion causing great contraction of the abdominal muscles and the diaphragm, which reacting on the viscera, and by their means on the canal, impede to a great extent the free circulation. The same effect may be produced by a tumour in the iliac fossa, by inguinal hernia, or the bandage or truss applied commonly for the latter complaint; but the most usual cause of hydrocele is disease of the testicle itself, and you will find that most persons with hydrocele have previously had more or less inflammation of the testicle. The patient's attention is entirely occupied with the inflammation of the testicles, and they imagine themselves cured of it on the cessation of pain, and swelling of the scrotum. This state of things exists for some months; the irritation becoming chronic and causing by slow degrees an effusion into the tunic, and thus is insidiously formed chronic hydrocele without the patient knowing its formation —without even his remembering the primary cause of the exciting irritation. So also is it a common thing to find in hydrocele the testicle completely hypertrophied, and forming a mass double, or treble, its original and proper size, and entirely useless.

The lesions to be observed in this affection depend entirely on the time of its continuance, and consist of a fluid, the testicle and its covering being also implicated in the disorganization. The fluid contained in hydrocele is of a slightly lemon tint, and composed of pure serum, similar to the fluid effused in ascites; frequently we find a quantity of albuminous flakes floating in it; occasionally, however, it is of a slight, or even deep green colour, and M. Rostock, who has taken much trouble to analyze it, has only been able to obtain some minute crystals, the chemical nature of which he could not determine. Bodies formed of substance resembling fibrin or cartilage, adipose substance and cheesy matter, will likewise be found either floating loosely in the sac, or adherent at some one point. These bodies are, in my opinion, formed by effusion of blood having occurred some time previously, or the organization of the coagulated lymph. When the fluid is of a brownish, blackish, or chocolate colour, it arises, in my opinion, not from a simple hydrocele, but from a previous hematocele; in fact, when the fluid is not of a yellowish, greenish, or whitish hue, there is more or less a mixture with it of blood, but which blood is so decomposed or altered in appearance as not to be known again, and the blood thus effused will also give rise to the formation in the tunic of strong adhesions, these occasionally assuming the appearance of cartilage, and forming a complete lining to the internal surface of the membrane. In pure serum false membranes are occasionally formed, though not often, and are to be distinguished from those formed in hematocele in being more highly organized, and attached to the tunica vaginalis, similar to the adhesions observed after pleuritis; they may also be so intimately adherent to the tunic as to be very difficultly separated, whilst the fibrinous bands, on the contrary, are detached with great ease from the internal surface of the tunic, and are the means by which a cyst of considerable thickness and cartilaginous hardness is formed. In very large hydroceles the skin of the scrotum is but slightly extended, as the tension is removed by the relaxation of the skin covering the neighbouring parts, and thus it is that the superficial fascia is distended and somewhat displaced; the dartos becomes thinned, whilst in some cases its muscularity is much increased; the fascia of the abdomen, the fascia of the ring, and the fascia of the cord, are elongated, thin, and not altered in texture as scarcely to be recognized; the cremaster wastes, and is partially reduced to the state of fascia; in some cases, however, it may be much thickened, and its muscularity greatly increased. The prolongations of the internal muscular fascia of the transversalis fascia, and the fascia propria, situated internal to the cremaster muscle, are likewise altered, and thickened in spots, with a quantity of fluid effused between them, or assuming the appearance of cellular tissue, and the lumps or swellings noticed in some cases are produced by the unequal contraction and enlargements of the dartos, cremaster, &c.

BOOKS IN THE PRESS.

'The Secret Memoirs of the House of Austria, illuminated with wood cuts. By Thos. Wakley, F.R.S., Editor of the Lancet, M.P. for Finsbury and Coroner for Middlesex. 2 vols. Chronologically arranged.

'The Statistics of Timbuctoo,' in sixteen gallon folio, with notes, tables, comments, and illustrations. By Dr Farr. Taylor and Walton.

'The Press Guide,' intended for the use of young authors, containing full directions for altering, amending, and perverting copy. By Geo. Hoare, private secretary to the coroner.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

DECEMBER 10—SIR BENJAMIN BRODIE, Bart., President, in the chair.—DR GEORGE BUDD read a paper on emphysema of the lung. The author, after cursorily glancing at what had been done by various medical authors towards elucidating the history of this disease, proceeded to show that it was a want of elasticity in the lung; or, in other words, a tendency to collapse, which was its principal cause. This condition of the lung, too, very often occasioned asthma, and other painful affections, impeding the function of respiration to an inordinate extent. There was every reason to believe that emphysema partook of a hereditary character; for, out of fifty cases related by Jackson, nineteen were the offspring of parents who had died of it. Altogether, it was connected with some of the most interesting phenomena in pathology, and deserved to be more attended to than it had hitherto been.

DR JOHNSON suggested it as a fit subject for inquiry—whether the elasticity of the pulmonary tissue described by Dr Budd might spontaneously be restored as soon as destroyed. Some authors had asserted that it had been subverted and reacquired alternately for a series of days; which, however, he was much inclined to doubt. He was of opinion that a derangement of the contractile power of the bronchial tubes, might, as well as want of its natural elasticity, occasion emphysema of the lung. Other gentlemen having spoken, the meeting, which was as usual well attended, adjourned.

WESTMINSTER MEDICAL SOCIETY.

DECEMBER 7—DR CROWNE in the chair.—MR SNOW read a paper on anasarca, as a consequence of scarlet fever. He commenced by remarking on the albuminous condition of the urine which so often attends anasarca; considering it to arise from granular or flaky depositions in the kidney. The principal tests of its presence are nitric acid, and the application of heat; but the latter is by far the best, a small quantity of the suspected urine being boiled over a spirit lamp. The author then detailed the following case:—A young girl, æt. 15, who had previously had scarlet fever and erysipelas in alternation, had, after an interval of some months, suffered a slight relapse of the former. Anasarca immediately supervened, accompanied by abscesses and considerable ulceration along the right side of the hip, which, however, subsequently sloughed. She made but little urine, and this was found to be albuminous. Digitalis, jalap, mercury, and other powerful remedies were, with depletion, severally tried; but all to no purpose. She died soon after. On examination, the pleura and the other principal cavities of the body were found filled with serum; the blood excessively grumous; the kidneys three times their natural weight, the medually portion being most prodominent; and a small quantity of blood, highly coagulated and albuminous. Similar cases were related, which were attended with the same results. In every case, however, of anasarca following scarlet fever, there was, besides the ordinary symptoms, a peculiar dinginess of the skin, and an unnaturally excited action of the heart. Other parts of the body might be passive, but the heart was seen to beat hard, even when death was approaching. This was a curious circumstance, and deserved attention. The urine, moreover, of several patients, particularly those on the point of convalescence, was detected to contain more or less of the colouring matter of the blood. Various causes have been assigned for the occurrence of anasarca after scarlet fever. Of all these, Mr Snow thought that desquamation of the cuticle was the most probable; especially as, being increased by cold, it prevented perspiration. Hence, Dr Wells has laid it down as a rule that persons who have had scarlet fever should not be suffered, immediately on its disappearance, to go at large and expose themselves to vicissitudes of the atmosphere, but should be confined in a room for the whole month, until all danger is past. DR ADDISON observed, that is was by no means clear to him that an altered, or abnormal, condition of the urine was of necessity the consequence of diseased kidneys.

DR CORRIGAN BRIEN considered that the principal cause of the derangement of function exhibited in anasarca supervening scarlet fever, and also in the kidneys and urine, lay in a want of cutaneous transpiration—superadded perhaps to disorder of the mucous membranes. Having long entertained this view he had been accustomed to prescribe antimoniats and the vapour bath, especially when dryness of skin was in any degree indicated; and his practice in this respect had been, in consequence, attended with complete success. Without placing complete reliance on the experiments of Majendie, he had no doubt that urea may circulate in the blood. Indeed it had been detected in the blood by physiologists, beyond all possibility of contradiction, although only in one or two of the most severe cases. Still it could not be this which caused increased action in the heart. The discussion, by consent of the members, was adjourned to the next meeting.

MEDICAL STUDENTS' ASSOCIATION.

DECEMBER 5—G. D. DEARDITT, Esq., in the chair.—The discussion this evening turned upon the propriety of memorializing the College of Surgeons, with a view to induce them to lend their aid in effecting the removal of that intolerable grievance under which medical pupils at present labour in consequence of the mal-administration of the Anatomy Act,—viz, the unfair and unequal distribution of subjects for dissection. A petition was ultimately drawn up and ordered to be forthwith transmitted to the authorities of the College; after which the members separated.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CLINICAL REMARKS ON FISTULA IN ANO BY MR GUTHRIE.

DECEMBER 7th.—Mr Guthrie, subsequently to Mr Lynn's operating on a case of fistula in ano made a few remarks on the disease to the following effect:—The operation in question is one to which students in general pay but little attention on account of its minor nature, and when it is referred to in the course of their examinations, they are often found deficient in information on the subject. It would be naturally expected by one who had no experience in the matter, that the incision made in operating for fistula would heal by adhesion, but it will not, and every effort to make that occur would be in vain; a nick is always left in the anus (it might serve as a mark of identity), and it leads us to the fact that it heals merely by skinning over, leaving a kind of gutter which may extend some distance upwards. If two or three fistulæ be operated on successively in a person, the action of the sphincter ani may be much interfered with, even it may be difficult to retain the fæces, so as to cause a very unpleasant result perchance from an involuntary cough or sneeze.

Fistula in ano may be connected with a vitiated state of constitution, or it may follow an abscess, dependant on any common cause: it might ensue from the lodgment of a foreign body in the rectum, or exposure to cold and damp. The fistula may run up by the side of the rectum, having merely an external opening by the side of the anus. Very commonly, as well as the external opening, there is an internal one into the rectum. The connexion of the sinus therewith may be indicated by the offensive fœcal character of the discharge. There is yet another way in which the fistula may form: by a wise provision of nature, collections of matter tend to make their way to the cutaneous surface; where, however, an abscess forms near the anus it constitutes occasionally an exception from the general rule by opening into the rectum only: we then have purulent discharge from the bowel, more especially on one side, and pressure at a particular spot causes considerable uneasiness, and the surface yields to the finger. It is now requisite to examine the rectum, and it is of consequence to be able to distinguish a healthy state of the bowel from an unhealthy one, which knowledge the student should take every opportunity of acquiring. The lower part of the gut, to the extent of an inch and a half, is smooth and contracted, being surrounded by the sphincter muscle, and above it expands into a large pouch. The internal fistulous opening is usually about an inch from the anus, and very rarely above the sphincter: it is indicated to the touch by a slight roughness. The operation for fistula in ano consists in the division of the structures intervening between the sinus and the rectum. That the operation have a fair chance of being successful, it is necessary that the general health should be moderately good; any contra indications, such as phlethoric habit of body or hepatic arrangement, must be obviated. The operation may be performed as follows,—the blunt pointed bistoury being at once introduced, without the preliminary passing of a probe. When the fistula is complete, the bistoury should be passed as far as may be deemed requisite along the groove of a director: the finger oiled may then be introduced, and being brought into contact with the point of the instrument, the handle of which is raised towards the buttock, the incision consequent on their simultaneous withdrawal lays the two cavities into one. The sinus is often continued somewhat above the opening into the rectum so as to form a kind of digital cavity, and where such is the case, Mr Guthrie deems it of consequence to divide the intervening parts with blunt pointed scissors, as he is convinced that it sometimes constitutes an impediment to the cure. When there is no opening into the rectum Mr Guthrie uses a bistoury with a smaller button, and sometimes with a small additional point, which may be protruded by a spring; thus the relation of the extremity of the sinus with the rectum is more easily ascertained. In the third variety, blind internal fistula, it is requisite to render it complete, by laying it open externally, where indicated by swelling and tumefaction of the surface: the course may sometimes be traced by introducing a crooked probe from the rectum. After the completion of the operation, the dressing should consist merely of a strip of lint interposed between the lips of the wound, which may be renewed when it comes away. The discharge gradually diminishes; should it, however, continue after a month, slight stimulant applications and change of air are advisable. Formerly the operation was deemed a severe one, and the results were more serious than in the present day. The disease was then allowed to go to a much greater extent, perhaps even several fistulæ formed before surgical interference was resorted to, whereas the operation is now performed without delay at an early period of the disease, before it has become adopted by the constitution.

CHARING CROSS HOSPITAL.

E. C., aged thirty-four, admitted October 14, 1839, under the care of Dr Shearman, with anasarca and ascites. She is a married woman, and has had three children: the last was born in April, since which time she has been ill. She had rather a severe labour, followed by considerable hæmorrhage, which greatly reduced her. Three weeks after this she was suddenly seized with pain in her left side—was bled by some medical man to the amount of twenty-six ounces, and twice cupped. The pain was relieved by the bleeding. From this time she complained of swelling in the legs, which has gradually increased and extended to the abdomen, which is greatly swollen, and she suffers much from dyspnœa. Bowels confined—urine very scanty; catamenia have not appeared since her confinement; finds her position much easier when standing; pulse very small and weak. Ordered pulv. gambog. two grains; potass. super-tart. three drachms, m. ft. pulv. st. s.; diet, rice or broth.

16th Oct.—The powder operated several times. Tongue moist:—R potass. carb. two drachms; acid. ac. dilut. q. s.; soda carb. two drachms; digitalis, a drachm and a half; infus lini c. eight ounces three table spoonfuls ter die, pil. scill. c. ten grains. h. s. s.

18th Oct.—Breathing very short and oppressed; abdomen increased in size; sleeps very badly. Repet. mist. sine digit. pil. ferri c. five grains, cum camphoræ. mist; pulv. ipecac. ten grains nocte; diet, mutton.

20th Oct.—Still complains of much dyspnœa; urine rather increased in quantity, with a slight trace of albumen; pulse 120, small and feeble.—Rep. med.

24th Oct.—Dyspnœa increased; cannot lie down without causing great distress; hue of skin

Omit. pil. ferri; rep. mist. et pulv.; gin, two ounces indies.

1st Nov.—She cannot now lie down, the distress in breathing is so great; paracentesis abdominis was performed, and about twenty-two pints of clear, light-coloured fluid were drawn off.—Rep. mist. pil. et pulv.; to go on with the gin daily.

2d Nov.—Greatly relieved; pulse 120, small and weak; the fluid drawn from the abdomen contained a great quantity of albumen.—Rep. omnia.

4th Nov.—A little better; urine very scanty; bowels not very open; appetite improving.—Ext. elaterii, ½ gr. in three pills; one cras mane et repet. omni hor.; donec alv. respond.; mist. feb. c. scill. one ounce and a half, ter die.

7th Nov.—Seems much worse; breathing very short; bowels well acted upon by two of the pills; there has been a free discharge of serum from the abdomen, amounting to some pints.—Haust anodyn. noctu.

8th Nov.—Has been suddenly seized with severe pain in the abdomen; much increased on pressure; pulse 120; breathing very short and difficult; appears very much exhausted; bowels have not acted since yesterday.—Eighteen leeches to abdm. hyd. sub. grs. v. pulv. opii one grain, m. st. s.; mist. camph. one ounce ter die.

9th Nov.—Pain relieved for some little time after the leeches, and she had some sleep; but she gradually got worse through the night, and died this morning at twelve o'clock.

Post Mortem Appearances.—On opening the abdomen, the omentum appeared much wasted; there was but little fluid in the abdomen; the peritoneum was slightly injected near the umbilicus, and there were slight adhesions of the intestines to that part; the convolutions were glued together by lymph; the right kidney lobulated, but pretty healthy; the right ovary was somewhat enlarged, and a small quantity of purulent matter contained in a cyst; uterus quite healthy—chest; the lungs healthy; the pericardium was so adherent to the heart, that it could only be removed by dissection, the heart was large and flabby.

King's College Workhouse Hospital.—It is generally understood that Mr Arnott has no intention of attaching himself to this infamous job; notwithstanding the very decided and unreserved manner in which he expressed himself in his opening lecture as professor of surgery at the King's College, this session, on the "great advantage the hospital would be to the medical department of the college." Mr Arnott is a man of judgment and penetration; and, anxious as that intriguing Hibernian Editor Flood, and his coadjutor the Birmingham Bird, are to secure the *operations* of the professor, he is too wide awake to leave his Middlesex quarters for the pestilential and churchyard atmosphere of the projected "national establishment." Professor Arnott is a member of the Roman Catholic persuasion, and he well knows, if the bigots of King's College could dispense with his services they would readily do so.

On Monday the election of a surgeon to the Metropolitan Free Hospital, Carey street, took place. The candidates who went to the poll were Mr Eland, of Bloomsbury square (and late, we understand, a pupil at Bartholomew's); Mr Chance, Secretary to the Westminster Medical Society; and Mr C. H. Rawlins. The latter was supported by most of the medical officers, but Mr Eland was the successful candidate.

The "Pharmacologia."—It is a fact which does not appear to have been hitherto noticed, that Dr John Ayrton Paris, F.R.S., &c. &c. &c., was indebted for this work—good, bad, or indifferent—to Rochefort, a writer of the last century, who, being no F.R.S., never attracted much attention, and who probably died in obscurity. The writings of the latter, indeed, have always been exceedingly scarce, and are now seldom to be met with: yet, like a phœnix, Dr P. made them to rise out of their ashes! It is a matter of very little importance, perhaps, that his name does not appear in the new birth; but it affords a signal example of the influence of names. The French work was not to be thought of or mentioned; in its English garb, with the name of Dr Paris, it has been universally admired!

COMPARATIVE ANATOMY.

USE OF THE AIR-BLADDER IN FISHES.

At the evening scientific meeting of the Dublin College of Surgeons, Dr Jacob gave an account of the provisions by which aquatic animals are enabled to adjust their specific gravity to that of the water in which they move, and especially on the organization of the air-bladder in fishes. He described the structure of this organ, composed of an external strong or fibrous coat in many instances, and a highly vascular internal one of extreme delicacy, and pointed out the examples in which distinct muscles were provided on the surface obviously for the purpose of compressing its contents. He also stated that many cartilaginous fishes, as sharks, rays, and others, as well as the flat fishes (*pleuronectes*), were destitute of this organ; and that even one species of the same genus was sometimes found without it, while another possessed it, of which the mackercls afforded an example; the common one (scomber scomber) wanting it, while the horse mackerel (scomber Trachurus) possesses it—and that in the majority it was a shut sac, without any communication externally, while in others, as the sturgeons, salmons, and eels, it communicates directly and freely, by the air canal, with the œsophagus or stomach.

The use of this organ was next pointed out, and arguments advanced to show that it was provided to enable the animal to adjust its specific gravity exactly to the medium in which it exists, rather than to enable it to increase or diminish it suddenly for the purpose of rapid elevation or descent. A specimen of the common gold fish in a large jar on the table was appealed to as a proof of this, and the fact of its remaining in equilibrium, while the fins were perfectly at rest, and even occasionally slowly ascending and descending without effort, was pointed out, while it was demonstrated that sudden or active ascent or descent was effected by the muscular effort, like progression in the horizontal direction. It was also explained that there was *prima facie* evidence from anatomical structure, that the organ might be subservient to the respiratory function, and the vascular bodies, and beautiful plexus of vessels in the eel, were shown as a proof. The fact that the gazeous contents were sometimes so rich in oxygen, as to contain even four parts to one of nitrogen, was stated as additional grounds for suspecting its being a respiratory provision; and also the circumstance of this greater proportion of oxygen being found in those drawn from great depths, while those from shallow water sometimes contained nitrogen alone, was adduced as a corroborating proof. The coexistence of lungs and gills was shown in those singular amphibious reptiles, the *siren lacertina* and *proteus anguinus*, and the almost rudimental nature of the pulmonary organ in the latter, was contrasted with the great air-vessel of the sturgeon, communicating with equal, if not greater freedom with the alimentary passage. The curious and unexpected fact of the connection of the air-bladder with the organ of hearing in the shad (*clupea alosa*), was explained, and the continuation of the lateral offsets into the transverse processes of the vertebræ in the *gadus navaga* of the white sea was pointed out as approaching to the similar provision in birds where atmospheric air replaces the oily deposit in their bones, and thus renders them comparatively lighter than other animals, and, therefore, better suited to sustain themselves in the medium in which they move. Allusion was also made to the additional provision in some fishes, as the diodons, by which they are enabled to distend the great sac communicating with the stomach, and, thus assuming a spherical form with erected spines for defence, as well as to the hydrostatic machine (physalia), commonly called the Portuguese Man of War.

REVIEWS.

Gatherings from Grave Yards, particularly those of London; with a concise History of the Modes of Interment among different Nations, from the earliest Periods; and a Detail of dangerous and fatal Results produced by the unwise and revolting Custom of inhuming the Dead in the midst of the Living. By G. A. Walker, Surgeon. Longman.

It may easily be gathered, from the reference made to this work in our observations upon the King's College Hospital job, that Mr Walker has selected not only a highly important, but a vitally interesting subject. After careful perusal of his book, we have been greatly struck by the immediate necessity for a searching scrutiny into the causes which induce the burial of the dead in the midst of the living, with a view to the removal of what must be regarded as a most atrocious nuisance. The press seem to be unanimous in their opinion that the point is one of public importance, and one which calls for instant alteration. The various journals will exercise their usual influence upon the public mind; and, if Mr Walker follows up his past exertions with the spirit that animates his book, there can be no doubt that the public will be indebted to him for abating the nuisance which the 'Gatherings from Grave Yards' so forcibly exposes.

The practices of the ancients with reference to the sepulture of their dead, followed by notices of the funeral customs of later nations, fitly commences the volume. At a very early period the dangers resulting from the contiguity of the living with the dead appears to have been understood. "The customs," says Mr Walker, "of different nations respecting interment show that in every country danger was apprehended from the proximity of the dead to the living. Experience justified the apprehension; and the French Government stands pre-eminent in its arrangements to secure the health, and, consequently, the happiness of its members. The dead interred within their cities have been removed; public cemeteries have been established at a distance from towns; sanatory laws have been enacted and rigidly enforced. New York, Pennsylvania, and a few other states have followed the example; but England yet retains within the bosom of her population the germs, the nuclei of diseases, the food, if not the principles, of malignant epidemics."

That these dangers are not imaginary sufficient evidence is adduced to prove, and the book is thronged with instances. The case of the persons killed in Aldgate grave yard by the gas escaping from the putrescent earth, must be fresh in the memory of all our readers. Here is another fact.

Poisonous Exhalations from Church Vaults.—A lady died September 7th, 1832, and was buried in the Rector's vault, in St ——'s church, on the 14th. The undertaker had occasion to go down into the vault, near the communion table; he had done the work of the church nearly thirty years, and was well acquainted with the localities; the grave-digger had neglected to take up the slab which covered the vault; the undertaker being pressed for time, with the assistance of the son of the deceased, removed the stone. The two descended, taking with them a light, which was

st instantly extinguished. Upon reaching the r step of the vault, both were simultaneously d with sickness, giddiness, trembling, and nsion of intellect. The undertaker raised his d, who had fallen on the floor, and with diffi- dragged him out of the vault. He himself, ough a man previously in excellent health, was d with vomiting the next day, and for twelve ths rejected his food. At the end of this pe- after having been under the care of many ical men, he consulted Dr James Johnson, whom he derived great benefit. The doctor nounced his case to be one of poisoning, from phitic gases. The patient is convinced that his lth has been completely ruined from this cause; now obliged, after a lapse of seven years, "to entirely by rule." The young gentleman who with him was subsequently under the care of ny medical men upwards of two years; his ncipal symptoms, those of a slow poison, de- oped themselves gradually, but surely; he was acked with obstinate ulcerations of the throat, ich were not removed until more than two years d elapsed, although he had frequent change of , and the best medical assistance that could be tained.

A variety of eminent names are adduced, cluding those of Orfila, Fourcroy, Majendie, rs Mead, Armstrong, and Southwood Smith, show the pernicious influences of the gases thaled from putrescent animal bodies upon ealth. The following may startle some read- s:—"It is well known to those engaged in urying the dead, that when leaden coffins are mployed, the expansive force of the gas, and e consequent bulging out of the coffin, com- els the workmen frequently to "tap" it, that he gas may escape. The "tapping" is per- ormed by boring a hole with a gimlet; a jet f gas instantly passes through the aperture, nd this, when ignited, produces a flame that asts from ten minutes to half an hour. The men who perform this operation are perfectly ware of the risk they encounter, and they are xtremely careful how they execute it."

Mr Walker is more extreme in his opinions, as he has been more minute in his researches, than those who have before given attention to the subject. He is inclined to attribute much of the sickness prevalent in the close neighbourhoods of the metropolis to the presence of the grave-yards. "I had," he says, "frequently been called to cases of typhus fever in an aggravated form in my immediate neighbourhood (near the new King's College Hospital!!!), I consequently endeavoured to ascertain the causes more immediately in operation; and, although willing to admit that the neighbourhood of slaughter-houses, the decomposition of vegetable substances, the narrowness of the streets, and the filth and poverty of some of the inhabitants, greatly contributed to the furtherance of the mischief, I felt convinced that the grand cause of all the evil was the immediate proximity of the burial places, public as well as private."

So much for the present, as to the medical part of the question. The moral influences are well worthy of attention, for

> "[illegible] who would lay
> His body in the city burial-place,
> To be thrown up again by some rude sexton;
> And yield its narrow house another tenant,
> Ere the moist flesh had mingled with the dust,
> Ere the tenacious hair had left the scalp,
> Exposed to insult, lewd, and wantonness?
> No; I will lay me in the village ground;
> There are the dead respected—"

says Kirke White, and Mr Walker echoes the sentiment.

Violation of the Grave.—"Decently to dispose of the dead, and vigilantly to secure their remains from violation, are among the first duties of society. Our domestic endearments, our social attachments, our national prepossessions, respect and sanctify the resting-places of our forefathers. The most barbarous of mankind would burn with indignation at beholding the last remains of a beloved relative exposed, mangled, or mutilated; and yet, among us, in a moral and Christian country, the abode of the dead is openly violated, its deposits are sacrilegiously disturbed and ejected, the tender solicitudes of survivors are cruelly sported with, and the identity of relationship is destroyed; so eager, indeed, is the haste to dispossess previous occupants, that time is not even allowed for the gradual dissipation of decaying human putrescence; this is eliminated in gaseous profusion, contaminating, as it circulates, the habitations of the living. Whence this rude invasion of the tomb? How can we reconcile the previous anxieties of survivors to secure a respectable interment with the subsequent unconcern, neglect, or abandonment of the localities of the dead? I shall not presume to solve these questions; however, I cannot help thinking that the depredations of the 'grave-yard' are comparatively disregarded, from a feeling and a desire common to every man, a feeling of unwillingness to believe that his own friends have been disturbed, and a natural desire to avoid the renewal of melancholy reminiscences. 'All men think all men mortal but themselves.' This self-delusion is carried yet further; for, while every man readily sympathizes with others at the disturbance of their dead, he believes his own depository secure, and his future repose inviolable."

We must finish. Mr Walker's book is decidedly the most startling that has for some time past issued from the press; and, if his opinions and suggestions are carried out, it will be the most useful to the public health that has appeared for years.

A Treatise on the Nature of Club Foot and Analogous Distortions; including their Treatment with and without Surgical Operation. By W. J. Little, M.D., Assistant-Physician to the London Hospital. pp. 276. Jeffs, Burlington Arcade.

One of the greatest triumphs of modern surgical science has been in that branch which has been called plastic surgery, or the application of anatomical knowledge and professional skill to the reformation of deformities as well as the treatment of disease. In no particular has this succeeded to a more beneficial extent than in the cure of club-foot, and other analogous distortions. This unhappy deformity had long been one of those which the empiric seized upon as his own—and partly from the profession being uncertain, and frequently unsuccessful in their treatment of it, and partly from the general appearances of the distortion. A host of empirical machines were concocted, by which the pocket of the patient was freely opened, and his sufferings greatly increased.

Great variety of opinion has existed as to the amount of anatomical derangement which occurs in club-foot,—one party asserting that the primitive formation of the bones is unnatural and incomplete, and among these we find Glisson, Camper, and Blumenbach; another section of writers believing that the bones, being originally perfectly formed, become injured and distorted by causes independent of the formative process, as, for instance, by pressure occasioned by the fœtus drawing the limbs into unnatural positions; by an improper position of the fœtus in the uterus, or by certain ligaments becoming elongated, and the articulations distorted by the contraction of some of the muscles, and the relaxation of others. Scarpa remarked the very important point, that the relation of the astragulus to the articulating surfaces of the tibia and fibula was comparatively but little disturbed,—and the dissections of Dr Little confirm this point,—as also the further position, "that none of the tarsal bones are actually dislocated; but in addition to the state of extension of the ankle-joint, they undergo rotation on their axes, and the astragulus undergoes less alteration of position than either of the tarsal bones." After considering the condition of parts in this deformity, Dr Little goes at length into the varieties and treatment—a subject of great interest both to student and practitioner, and one to which we shall return in connection with Dr Little's work when we have more space to do it justice. This volume altogether is beyond question the best monograph, foreign or English, upon the subject, containing, as it does, not only the opinions and practice of continental writers, but the valuable additions made by Dr Little to this branch of the science. It gives us pleasure to know that the author is progressing in his profession, and that he enjoys the reputation of a rising man.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Navy.—Assist.-Surg. Dr. A. Mitchell, to Haslar Hospital; A. D. Milne, to the *Pique*, vice Dean, superseded.

Army.—1st Dragoon Guards: Surg. T. Lewis, M. D. from the 4th Foot, to be Surg., vice Parry, who exchanges. 8th Light Dragoons: Assist.-Surg. T. C. Gaulter M.D., from the 35th Foot, to be Assist.-Surg., vice Ore, promoted in 79th Foot. 4th Foot: Surgeon, W. Parry, from the 1st Dragoon Guards, to be Surgeon, vice Lewis, who exchanges. 35th Foot: Assist.-Surg. W. A. Heise, M. D., from the Staff, to be Assist.-Surg., vice Gaulter, appointed to the 8th Light Dragoons. 79th Foot: Assist.-Surg. J. A. Ore, from the 8th Light Dragoons, to be Surgeon, vice Lorimer, deceased. Hospital Staff: To be Assist.-Surg. to the Forces, J. M'Gregor, Gent., vice Morier, who resigns; G. M. Webster, M.D., vice Heise, appointed to the 35th Foot.

It has been expected that the chair of surgery at King's College would be vacated by the secession of Mr Arnold. Many candidates for the succession thereto have been spoken of.—Mr Hodson, of Birmingham, who is strongly recommended by the reputation he has already acquired as a provincial surgeon; Mr B. Phillips, surgeon to the Mary-le-bone Infirmary, a good lecturer, who deserves a better fate than that of imparting surgical knowledge to the various benches of the Westminster Hospital school; Mr Rutherfod Alcock, who, from his position as chief officer of the medical staff in the late Portuguese and Spanish campaigns, has enjoyed most extensive opportunities of cultivating practical surgery: for the zeal and ability with which this has been done, the profession is indebted to him: he is at present a lecturer at the Sydenham College, where he is deservedly popular with the students. We have also to mention the names of Messrs Palmer and Avery.

Apothecaries' Hall:—Gentlemen who passed on Thursday, Dec. 5.—Edward Howard, Tenderden, Kent; Charles Evans, Derby; Edward Tomlinson, Nantwich; James Blackburne, Lynn Regis, Norfolk; William Larkins, Pascall, London; William Maddock Bush, Clifton; George Young Hood, Newcastle-on-Tyne.

Obituary.—At Walworth, on the 6th inst., William Carroll, Esq., surgeon, R.N. On the 9th inst., at his residence in Cavendish square, aged 85, Stephen Love Hammick, M.D. Dr Hammick was educated at Christ Church, Oxford, and was one of Dr Radcliffe's travelling fellows in that University. He was the eldest son of Sir Stephen L. Hammick, Bart., who now survives him, and who is well know for his researches. At Chelsea, on the 3d, David Wilson, Esq., Surgeon.

ADVERTISEMENTS.

SKEY ON ULCER.

ON a NEW and SUCCESSFUL MODE of TREATMENT Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

Lately published, price 5s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

J. Churchill, Princes street, Soho.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation; illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

On the 1st of January, 1840, will be published, No. I, price 1s. 6d., of

AN ATLAS of PLATES illustrative of the PRINCIPLES and PRACTICE of OBSTETRIC MEDICINE and SURGERY; edited by FRANCIS H. RAMSBOTTOM, M.D., Physician to the Royal Maternity Charity, and Lecturer on Obstetric and Forensic Medicine at the London Hospital, &c. &c.

This work will be printed in octavo, to be completed in Twelve Numbers, published monthly; each number will contain six finely executed plates on steel, descriptive letter-press, and wood engravings, printed with the text.

London: John Churchill, Princes Street Soho.

FLOOD ON HERNIA.

A new and greatly improved Edition of this Work will shortly be published, handsomely coloured, and complete in one Fasciculus, price 15s.

EIGHT FOLIO PLATES of HERNIA. Drawn on Stone by W. Lover, from Dissections and Designs by Dr Valentine Food.

These Plates represent the several Structures concerned in Inguinal and Femoral Hernia as they appear on dissection, and illustrate in the fullest manner the peculiar opinions of Hey, Cooper, Colles, and Guthrie. They are accompanied by a minute letter-press description of the parts, and of the various modes of operating.

Sherwood, Gilbert, & Piper, Paternoster row.

"This work is by a Dublin Anatomist of excellent reputation; and the fidelity and clearness of his descriptions prove that his reputation is well deserved. We recommend it strongly to the notice of all Practitioners who wish to keep up their knowledge of this important subject, and to all Students who wish to acquire it with accuracy and facility."—London Med. and Surg. Journal.

FLOOD ON THE ARTERIES.

Just published, by the same Author, illustrated by numerous wood-cuts and plates,

THE SURGICAL ANATOMY of the ARTERIES. Price 7s.

Highley, Fleet street.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other medical boards), and to receive certificates of the same, without extra fees.

House Pupils received, who have extra instruction. Apply to Mr Dermott, 15 Charlotte street, Bloomsbury.

Mr D.'s series of Anatomico-chirurgical plates to be obtained by application to him.

MR SCOFFERN continues to hold his PRIVATE MEDICAL CLASSES at No. 18 Barbican, near Aldersgate street.

Terms.	£	s.	d.
Instructions for the Hall until qualified . .	5	5	0
Instructions for the College	5	5	0
Readings in Gregory and Celsus	5	5	0
Instruction for the degrees of B.M. and M.D.	10	10	0

Mr SCOFFERN will return the Fee to all those who may present themselves at the Hall with his leave, and are unsuccessful.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes - - -	1s. 0d. - -	3s. 0d.
Large - - - - - -	1s. 6d. - -	5s. 0d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels - - -	0	17	0
Middle Size, " 1,120 " - - - -	1	5	0
Large Size, " 833 " - - - -	1	14	0
The Three Sizes in One Book, containing 3,008 Labels - - - - - - -	3	10	0

CATALOGUES GRATIS.

Engraving and Printing of every Description.

Just published, price 12s. 6d. by J. CHURCHILL, Princes street, Soho,

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and Mr W. HILLES.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

EXTRACTS FROM REVIEWS.

"This is another desideratum in medicine, a most useful compendium for students, and an excellent manual for reference on almost every interesting subject connected with anatomy and surgery."—Literary Gazette.

"This is a most valuable epitome of anatomy, surgery, and physiology, and will be found to be of much service by the student who is about presenting himself for examination at the college, as it 'gathers together' the most valuable information to be found in more systematic works on the above subjects, and that so judiciously, as to contain most useful matter in every line. No student should go up without consulting this work."—Medical Miscellany.

"The manual above mentioned must be a great treasure to the student. This is by far the most complete volume we have seen as a guide for students, embracing in a succinct and well-arranged form, the most important points of Anatomy, Surgery, and Physiology. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession, with which he was familiar in the days of his youth."—Monthly Magazine.

"The reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a 'Manual for the College,' the book will prove of service to the student after he has obtained the diploma he is so anxious to possess.

"The regional and surgical anatomy will be very useful to the student, and we may say that the 430 pages devoted to anatomy and operations may be consulted by the practitioner with advantage.

"This book will undoubtedly help a man through the college, and—what is far greater praise—may teach him something afterwards."—Medical Times.

"It contains a fund of information necessary for the student to be acquainted with, and will, as a book of reference (even to medical men, who may need to have the knowledge of the minutiæ of anatomy and surgery revived in their minds), be found exceedingly useful. The authors are entitled to the students' thanks, and those who become possessed of the book will not have occasion to regret its purchase."—Christian Advocate.

RETREAT NEAR LEEDS,

FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict attention is paid to the Medical, as well as Moral Treatment, of the Individuals who are committed to his care.

The Retreat is delightfully situated on rising ground, at the opening of Aire-Dale, little more than a mile from the town of Leeds; the situation is healthy, cheerful, and also sufficiently retired; the gardens and plantations are extensive; the premises combine proper accommodations for the exercise and amusement of the Patients; and the apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a plan of treatment as may be necessary to restore the functions of the brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of Weak Mind, or who may be subject to Fits of Temporary Insanity, for whom confinement is necessary.* In recent cases, a perfect and speedy recovery may generally be expected.

Applications, either personal or by letter, postage free, addressed 26 East parade, Leeds, will meet with immediate attention, and have the most satisfactory references, if required, to Patients already discharged, or their friends; also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This day is published, in royal 8vo., dedicated, by permission, to Sir Benjamin Collins Brodie, Baronet, V.P.R.S., and Charles Aston Key, Esq., Senior Surgeon to Guy's Hospital,

PRACTICAL OBSERVATIONS on the CAUSES AND TREATMENT of CURVATURES of the SPINE; with Hygienic Directions for the Physical Culture of Youth as a Means of Preventing the Disease; an Etching and Description of an Apparatus for the Correction of the Deformity; and Engravings illustrative of the Cases. By SAMUEL HARE, Surgeon.

London: Simpkin, Marshall, & Co., and of all Booksellers.

* Mr. H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the provisions of the 2nd and 3rd of Wm. IV, chap. 109. sect. 47.

*** Messrs Hare and Comperthwaite, Surgeons, &c., are in want of a well-educated Youth as a Pupil.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen; ditto ditto, with Fronts, 14. 16s. per dozen; Worsted Knitted Sik, 14. 7s. per dozen; ditto, with detached bandage, 14. 16s. per dozen; India Dimity, with real China Net Silk Purses, 2l 8s. per dozen; ditto ditto, with Elastic Springs, 3l. 12s. per dozen; Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with art cles of the above description, adapted for all Surgical purposes, on the shortest notice.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½ Holborn hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which the Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

DR RYAN'S MEDICAL WORKS.

This day, published with the Magazines, Part II, price 1s 6d, of

DR RYAN'S ILLUSTRATIONS of MIDWIFERY; a complete Atlas and Companion to all Obstetric Works, containing four beautifully executed Plates, with thirty-two pages octavo of descriptive Letter-press.

H. Baillière, 219 Regent street, and all booksellers. To be completed in ten Monthly Parts.

THE PHYSICIAN'S VADEMECUM, or Manual of the Principles and Practice of Medicine.—Contents: Fever—Apoplexy—Diseases of the Brain (Epilepsy, Mania, &c.), of the Eye, Ear, Skin, Mouth, Throat, Lungs (Phthisis, Asthma), Heart, Stomach, Diaphragm, Intestines, Kidneys, Gravel—Dropsies—Gout—Rheumatism, Scrofula, Scurvy, &c. 18 7. Eleventh Edition, 7s 6d.

Twenty thousand copies have been sold since the first edition. The work is in the possession of most students and junior practitioners.

A MANUAL of MIDWIFERY, and Diseases of Women and Children. Third Edition, 1841. Plates, 12s.

The profession in all countries have eulogised this work.—See Introductory Remarks in No. I of 'Dr Ryan's Illustrations of Midwifery,' Oct. 1, 1839.

A MANUAL of MEDICAL JURISPRUDENCE, Medical Evidence, &c. Second Edition, 1838. 12s.

Reprinted in America, and edited by Professor Griffith. Has favourably noticed in 'Dr Johnson's Medico-Chirurgical Review' and 'The American Journal of the Medical Sciences,' Nov. 18

THE UNIVERSAL PHARMACOPŒIA, or Formulary of Hospitals, 1839. Third Edition. 5s. 6d.

"One of the best Manuals we have ever seen."—Medico-Chirurgical Review, Oct. 1836.

"A sort of Polyglot Pharmacopœia."—Medical Gazette, 1836.

THE MEDICO-CHIRURGICAL PHARMACOPŒIA: Treatment of Poisonings, Dislocations, Fractures, and Natural or Difficult Labours, 1833 Second Edition. 3s. 6d.

"There is a vast deal of information in this little work, suited at the bed-side of sickness, or in the short hour of leisure from professional calls and anxieties."—Medico-Chirurgical Review, July, 1838.

OBSTETRIC APHORISMS, or Concise Precepts on Points of Midwifery. Second Edition, 1838. 2s.

"A pocket companion for the student and obstetrician."

THE PHILOSOPHY of MARRIAGE. In its Moral, Social, and Physical Relations. Third Edition, 1839. 6s.

"The work will have a prodigious sale, and does not contain a word which ought not to be known to medical practitioners."—Medico-Chirurgical Review, July, 1838.

A COMPARATIVE VIEW of Prostitution and Venereal Abuses in London, Paris, New York, &c., the most fearful Causes of Crime and Punishment, 1839. Plates, 10s. 6d.

"Works of this description, when properly conducted, cannot fail, in the hands of the public authorities, to improve society. We differ entirely from those who contend that the tendency of this work is evil. To the observer of life, to the man of science, to the philanthropist, it cannot fail to prove both interesting and useful."—New York Journal of Medicine and Surgery, July, 1839.

"Your work is a useful, a moral, a benevolent, and a religious book. It must do good, and great good, to society. No man can read it, who feels for man, without wishing to contribute something towards reducing that mass of crime, which you have so connected with human suffering and misery."—The Editor of one of the Leading Newspapers. The author's views have been adopted in no less than twenty sections of the New London Police Act 1839.

DR DENMAN'S APHORISMS on MIDWIFERY, adapted to the Actual State of Science. Ninth Edition, 1835. 3s.

Eulogised in 'The Dublin Medical Journal,' 1835.

Nearly ready.

A MANUAL of DISEASES of the CHEST, Asthma, Consumption, Diseases of the Heart, &c. With numerous Cases.

On the most important DISEASES of WOMEN, from Puberty to Old Age. With numerous Cases.

On DISEASES of the GENITO-URINARY ORGANS. Syphilis, Gonorrhœa, Stricture, Diseases of the Prostate Gland, Bladder, Kidney, Ureters, Gravel, &c., with Cases. Plates, &c.

On the PHYSICAL EDUCATION and DISEASES of CHILDREN from Birth to Puberty. 8s.

These works are text books to the Author's Lectures on the Principles and Practice of Medicine, Midwifery, and Diseases of Women and Children, and Medical Jurisprudence.

Printed for the Author, 4 Charlotte street, Bloomsbury, Bedford square, and sold by H. Baillière, 219 Regent street, and all Booksellers.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints - - - -	2	5	0 for Gentlemen.
Ditto, st ndard silver - - - -	0	15	0 for Ladies.
Ditto, double joints - - - -	0	16	6 for Gentlemen.
Ditto, finest blue steel frame - - -	0	15	0 for Ladies.
Ditto, ditto, double joints - - -	0	16	6 for Gentlemen.
Ditto, tortoi-eshell frame - - -	0	10	0 for Ladies.
Ditto, b ack buffalo horn - - -	0	7	6 for Ladies.
Ditto, strong steel frame - - -	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazil an Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 2s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel - - - -	£3	5	0
Ditto, Rosewood, inlaid with Pearl - -	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l 5s. to - - - - - - - -	6	0	0
	5	10	
Most Improved Mountain Barometer - - -	6	0	
Ditto, marine, from 3l. 10s to - - -			

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 13. Vol. I. LONDON, SATURDAY, DECEMBER 21, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines. [S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

MEDICINE IN THE PROVINCES.—A LEEDS LECTURER.

THOMAS PRIDGEN TEALE, F.L.S.

Leeds, from its manufacturing importance, has a dense population, many of whom, from the frequent fluctuations in trade, are compelled to seek for gratuitous medical relief. It is also the centre of an extensive coal, mining, and iron-working district, in which the most severe accidents are constantly occurring. Hence its sole infirmary, a well-endowed and liberally supported institution, containing about 200 beds, presents a wide field for observation, and offers the most splendid opportunities to any one anxious to advance the science, or improve the practice of the various departments of the profession. Leeds also has other medical institutions: an extensive dispensary, attended by great numbers of the sick, and a house of recovery, or fever hospital, both freely patronized by the charitable. There is, also, an eye and ear infirmary, and a lying-in hospital; these, however, are poorly supported, and worse conducted.

It will naturally be asked, What has been done by the members of the profession, thus favourably situated? and we are obliged to confess that, since the time of Hey, scarcely a man can be named who has advanced a shade beyond the merest mediocrity. Poor Thackrah died too soon for the reputation of the town. While medicine and the auxiliary sciences have been alike advancing: while, in other places, numerous candidates for fame have acquired honour with their contemporaries, and gratitude from the philanthropist—when we look from Leeds, the name of Hey shines forth as a single star from a dark atmosphere of murky obscurity.

We may probably examine the effects of the medical school which has now been established for eight years. For the present we commence the sketch of

THOMAS PRIDGEN TEALE, F.L.S.,

AND SURGEON TO THE INFIRMARY.

This gentleman is, perhaps, the only one who has advanced a step beyond the routine of his fellow practitioners. He is not a man of genius; but, having been placed in the most favourable circumstances—having fair natural talent, and considerable application—he justly assumes a very respectable rank in the profession. The biography of such persons affords, perhaps, more encouragement to the young student of ability, and his senior of less pretension, than the study of characters of greater brilliancy and genius. Take a young musician to hear the elaborate production of a finished professor—a young artist to view the exquisite paintings of the old masters—a young speaker to hear the startling declamation of a first-rate orator—and, instead of encouragement to press onward, the aspirant will be oppressed with a withering sense of his own inferiority. But supply any of these with an example he is capable of following, and he will be excited to continue his labours, from the belief that he can attain the same proficiency he admires, and sees admired in another.

Mr Teale is the son of one of the old school, who was in extensive practice in the town, and his attention was accordingly directed, at an early age, to the study of medicine. He soon attained considerable proficiency, and is said to have tied the subclavian artery in one of his father's patients, when he, Mr T., was only in his twentieth year. This operation was then looked upon as far more formidable than at present. Mr Teale went through the course of study, enjoined by the authorities of that day, in London, and attended the lectures of Sir Astley Cooper. After passing his examination he commenced practice in Leeds, and was soon appointed surgeon to the dispensary.

In the course of a short time he published a work on spinal irritation, for which he has obtained full credit. On the death of Mr Chorley, after a very active opposition from the son of that gentleman and from Mr Garlick, he was elected surgeon to the infirmary, which office he still holds. He had previously lectured on anatomy and physiology in the school of medicine established just before. F.L.S. has lately been added to his name, as it might be to that of any practitioner in the United Kingdom on the payment of twenty pounds sterling.

As an author Mr Teale assumed more originality than was his due. His chief points are that, when the trunk of a nerve is affected by disease, consequent morbid sensations are perceived not in the trunk, but in the parts where its sentient extremities are distributed; that when a neuralgic pain attacks any part there is tenderness on pressing the spinous processes of those vertebræ, which correspond to the origin of the nerves of the part; that counter-irritation to the spine is the most efficient means of relieving such painful affections. He also carried out the question in endeavouring to show that the ganglionic nervous system, and the parts supplied by it, were amenable to the same laws. In most of this he had been preceded, and for the practical part he was indebted to Mr Chorley. Neither of these facts were acknowledged.

Mr Teale's forte is decidedly as a lecturer. Without any of the personal qualifications of an orator, of small stature, and low but pleasing voice, he possesses in an eminent degree the power of fixing attention, and of presenting facts and ideas in a natural order to the mind of the student; but as a demonstrator he is too rapid. The first thirty lectures of his course are on general anatomy, and we have never heard a lecturer in any of the metropolitan schools, who made this subject more clear by his arrangement, or interesting by his illustrations. Still with all this he is not a *sound* teacher, He classes with acknowledged truisms opinions and statements somewhat more than apocryphal. He gives the theory of Prevost and Dumas on muscular action; Hastings and Wilson Philip on inflammation; and Breschet on the structure and function of the skin with but little reservation. After having given minute accounts of these opinions, and of the arguments in their favour, he says so little on the other side, that instead of the pure searcher for, and dispenser of, truth, he assumes the character of a partizan. This is particularly the case in his lecture on inflammation. That part of the course on the physiology of the nervous system is most excellent—almost faultless.

As a surgeon Mr Teale holds a respectable rank; he is a neat operator, and not wedded to the "practice of the house." His private practice is understood to be large, and from a bland, though somewhat fawning manner he is very popular with his patients. It is not very likely that he will write again, or if he should do so, it will more probably be a description of some insignificant zoophyte, than anything useful to the profession or the public.

We here draw the curtain over a picture which shows that a man of moderate capability and perseverance may attain a very respectable rank among us, and if favoured by external circumstances even a high one.

Embryology.—The Council of the Royal Society have awarded the Copley medal for the present year to Mr Robert Brown, and one of the royal medals to Dr Martin Barry. The claims of the former consisted in his discovery of the organization of the vegetable ovule before fecundation (published in 1826), and the direct action of the pollen, manifested by the contact established between it and the point of the ovulum, where the embryo first becomes visible. The researches of Dr Barry on embryology (communicated to the Royal Society in 1838), are the grounds on which he has been selected for honourable distinction; having, more especially, confirmed previous observations as to the nature and development of the ovum in the vertebrata; traced the progress of the so-called disc of M. Baer, and detected in it the mechanism which mainly regulates the transit of the ovum into the fallopian tube.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL,
BY WILLIAM LAWRENCE, F.R.S.

MORTIFICATION—ITS DIVISIONS AND TREATMEN

MORTIFICATION is the death of a part, that is, of a part only; the death of a part with a peculiar change of structure in it, the result of a previous and peculiar vital action. By this latter circumstance mortification is distinguished from simple death—as in the case of an amputated limb, or from the temporary suspension of vital action, as when parts are frost-bitten; or from putrefaction, which frequently takes place after mortification has occurred, but which is by no means essential to the process; and, indeed, some kinds of mortification are to be considered as complete preservatives against putrefaction. It is also to be distinguished by the same circumstance from the chemical decomposition which is produced by heat, or the application of various chemical agents to a part of the body.

Mortification, *gangrene*, and *sphacelus*, are terms that are used nearly indiscriminately, yet perhaps there are some shades of difference between them, although many persons think there is not any. Mortification is the most general term; gangrene, perhaps, is more particularly employed to denote external superficial mortification; and the word sphacelus is employed in cases of an entire limb, or a considerable portion of a limb, mortifying. We use the words *slough* and *sloughing* as synonymous with those that I have just mentioned; but these terms are English words, derived, according to Horne Tooke, from the Anglo-Saxon. Sloughing is equivalent to perishing, and the term slough denotes that portion of the body which has perished. Now you recollect that the word slough, in common language, is applied to the covering of the snake, which separates annually from the surface of its body; in short, slough denotes the portion that has perished, and is thrown off from the body.

Mortification consists in a cessation of the living action of the part; or more particularly, we may say, in a cessation of circulation in the part. The consequence of this is, that the part loses its heat, its sensibility, its power of motion, and its natural colour; it becomes blue or livid, or brown, or blackish, or assumes various combinations of all these different tints.

When this cessation of vitality has taken place, the part then undergoes spontaneous or chemical change;—the textures that compose it become softened. Very commonly the part at the time it mortifies contains an abundance of fluids; all its vessels are replete with them. Now these fluids, as well as the solid parts which contain them, undergo a chemical change, and the textures of the body become reduced to a pulpy mass, that is exceedingly offensive. Gas is disengaged from the parts thus changed. Under other circumstances the part undergoes a change the very reverse of this, for it becomes dry, and shrinks or shrivels up; and instead of putrefying, it passes into a state in which you may preserve it—you may hang it up in the air, and it will keep in this state for years. Now these are two very different changes, both of which are called mortification, but the difference between them cannot escape the notice of the most superficial observer. Hence, from the most ancient times, you find a distinction between the moist or humid gangrene (*gangrena humida*), and the dry gangrene (*gangrena sicca*). These differences are nearly equivalent to the distinction into acute and chronic gangrene, because the humid or moist gangrene is that which takes place from active inflammation, leaving the part with all its vessels filled with fluids; while the dry gangrene takes place in a slow and almost imperceptible way. All parts of the body are liable to mortification; I believe we may say *all*, but all are not *equally* liable. The cellular membrane is said to be the most prone to mortification. The skin may, perhaps, come next in order, but is much less liable to it than the cellular membrane. The blood-vessels resist mortification longer than any other texture; and thus, in cases of extensive sloughing, you often find the trunks of large vessels remain unchanged when all the surrounding tissues have perished.

This mention of the resistance of the blood-vessels to the process of mortification leads me to observe that the blood which is contained in those vessels becomes coagulated in the neighbourhood of the mortified part, and even to some distance beyond it; so that when the dead part comes to be separated from the living, there is no loss of blood in consequence of the opening of such vessels. This process of coagulation in the case where mortification affects the lower portion of a limb, will extend in the main artery very considerably above the part to which the mortification seems to extend externally. This is sometimes witnessed in cases of amputation of the thigh; where, though the mortification has not extended above the knee, the femoral artery has nevertheless been completely plugged up—filled with coagulated blood, so as not to require a ligature.

The part which has undergone mortification is separated from the sound part of the body by a process which will afterwards be described. I may only mention here that there is a considerable difference in point of the time that is occupied in this separation in particular cases. You may sometimes find a mortified part separated in a few days; and in other instances the separation will occupy many weeks, or even months: and a similar difference occurs in respect to the time that elapses before the changes that constitute a state of mortification are complete. There is a considerable difference, too, in the constitutional symptoms that are seen in different instances of mortification. In a case of slight mortification of the superficial parts, there are often no constitutional symptoms at all. When mortification is the result of high inflammatory action, there is generally a remission of symptoms on this taking place;—at the time that mortification occurs, the high febrile disturbance is greatly diminished; but if the mortification be not very considerable, the local inflammation may go on nearly in the same degree, and there will then be little difference observed in the constitutional symptoms. Where any considerable part of the body has perished, we generally find that constitutioual symptoms, of a very marked kind, attend the process. You will have occasion to observe, what we pointed out in speaking of sympathetic inflammation, the conformity between the character of the constitutional disturbance and that of the local disease; for where a part of the body perishes in this way you find general symptoms of debility are present—symptoms approaching very much to typhoid. The pulse is very feeble, intermittent, and irregular; the body is covered with a clammy sweat;—there is a complete loss of muscular power, sometimes even with syncope; hiccup takes place; the alimentary canal becomes distended with gas, approaching to the tympanitic state. In fact, all the circumstances denote the lowest degree of depression in the powers of the system generally.

The causes of mortification are very various: hence the mode of its occurrence, the state of the affected parts, and the whole progress, are very different in different instances. Under the head of causes of mortification we include a great variety of agencies which are capable either of suspending the circulation in a part, or of producing such violent disorder in the circulation as leads to its suspension; the nature of the affection being essentially a cessation of vital movement in the part. Now, among these causes, there are some which will always produce that effect whenever they are applied to the body; there are others that only produce that effect when applied under certain circumstances—that is, when they are applied to individuals in a particular state of health, or possessing a particular kind of constitution. Thus certain unhealthy states of the constitution, which are called in common language, and not very inappropriately, *bad habits of body*, are the most powerful predisposing causes of mortification. There are some states of the general health in an individual which will lead to the occurrence of mortification on the application of an immediate exciting cause. There are also certain states of particular parts of the body which are capable of producing a predisposition to mortification, and in which this will occur very easily. For example: it sometimes happens that the arteries of a limb become considerably changed in structure, and are converted into bony tubes—they become ossified; and when this extends from the trunk into the minuter ramifications, you cannot wonder that the circulation in the capillary vessels should be disturbed in such a way as to lead to mortification.

The division, then, of predisposing and direct or immediate exciting causes is as important in mortification as in the consideration of inflammation and other parts of pathology. Among the causes of mortification we may enumerate the application of intense cold to the body, the infliction of any serious local injury, the direct interruption of the supply of blood to the part by pressure, or by ligature of the main artery of a limb. In the same way, certain diseases of the heart, particularly those which produce a contraction of the orifice of the aorto, are capable of leading to mortification. Local pressure on a part in which there are veins and arteries both, such as the stricture in strangulated hernia, or general pressure on a whole limb, particularly when this is in a state of inflammation, leads to mortification. Now it sometimes happens, after serious injury of a limb, that a bandage is applied to it, and the limb which has received an injury swells; and thus the bandage, which was applied with only a proper degree of tightness at the time, forms an excessively firm ligature over the whole of the limb, and in this way it has happened that even the application of a bandage by a surgeon has led to mortification of a limb, and to death. The pressure on a part of the body by a particular position, long kept up—for instance, when the patient has been kept lying on the back, or hip, for a long time, by illness, the portion of the skin on which he rests will mortify in consequence of that circumstance. Violent inflammation results, which first excites the circulation and then leads to its suspension. It appears as if, under violent inflammation, the disorder in the circulation was carried sometimes to a pitch which the part is not capable of sustaining; so that the blood stagnates, and, in fact, the part perishes. Generally speaking, a high degree of inflammation is necessary to produce this effect; but sometimes mortification occurs with a degree of inflammation that does not appear to us to be of the very highest kind; and, in fact, we must consider, in relation to this mode of termination, the state both of the part itself and of the system in which the inflammation takes place. When a part has been in a weak state, a comparatively slight degree of inflammation will be sufficient to produce mortification; and when a part is frost-bitten, the inflammation, although not violent, leads at once to mortification. In the case of an anasarcous limb, when a blister has been applied to it, or when, by scarification, we let out the fluid with which it is distended, it is by no means uncommon for mortification to be produced by these comparatively trivial injuries, and hence you must explain mortification not so much by the amount of inflammation produced as by a comparison of the action with the degree of power in the part. I have already mentioned to you the fact of a change in the state of the arteries in which they become ossified: now certain other internal causes, the nature and operation of which are unknown to us, are also capable of producing mortification. Thus, feeding on ergot of rye, or that particular state in which that affection takes place which the French call *ergoté*, and which we call spur-dried,—in some way that we cannot explain, predisposes the individual to mortification; so that, in those countries where rye is the ordinary article of food in bad seasons, numerous cases of mortification have occurred obviously owing to this cause. Mortification, too, sometimes happens in consequence of *external* causes, the nature and operation of which are equally unknown to us. Thus the contact of the skin with an animal substance, in certain states of decomposition, will produce a gangrenous affection which is called malignant pustule.

Now the various causes of mortification that I have enumerated might be divided under two heads—*internal* and *external*. To the *internal*, those which are most important belong — viz. those particularly unhealthy states of the constitution which I have mentioned as giving a predis-

position to mortification. The prognosis in mortification is generally serious. There are some mortifications, indeed, which are small in extent, which are derived simply from *external* causes, and which are unattended with any kind of danger. Thus a person may have mortification of the skin covering the tibia, from a blow upon it, and this is scarcely a dangerous occurrence. The skin covering an aneurism becomes thin when this approaches the surface, and it frequently mortifies; and the same may occur in the skin of an abscess when it points. These are examples of slight mortification from causes that merely act on a small part of the body, and which are attended with no kind of danger: but in other instances, and especially those in which mortification is referable to internal causes, and in which we cannot explain the circumstances in the way above alluded to, the prognosis is always very serious. The extent of the change which mortification produces—the depth to which it goes—the importance of the organ which it affects—the state of the constitution of the individual in whom it occurs, are all points that must be attentively considered, before you venture to pronounce an opinion as to the probable result of any case.

In an affection, of which the nature and cause are so dissimilar, in different instances, you will naturally conclude that no one mode of treatment can be appropriate to all cases. Heretofore attention has been chiefly given to the circumstance of the loss of vitality in the part affected, and the consequences which would attend the loss of vitality in those parts to which mortification seemed to be extending. Hence the idea has arisen, that means should be taken to stimulate and support the vital power in the part so circumstanced; and thus the general rule in mortification has been to employ stimulants—local and general — external and internal — to give bark, tonics, and cordials, as well as full and nutritious diet. This is by no means right as a *general* plan of treatment for mortification. Undoubtedly, in *particular* instances, it is requisite to employ remedies of this character, but we can by no means say that such practice would be right *generally*.

Again, some have asserted that mortification is always preceded by inflammation, and they have regarded in the affection principally the circumstance of its origin, and the inflammatory character of the primary action. It is, perhaps, rather doubtful whether this notion can be completely verified in all cases. It is somewhat doubtful whether distinct signs of inflammation do always precede mortification; at all events, we should certainly go very far wide of the mark if we attempted to treat all cases of mortification by antiphlogistic means. You can easily suppose that in that kind of extreme exhaustion of the vital powers which characterizes mortification, it would be actual madness to employ antiphlogistic treatment.

TREATMENT OF MORTIFICATION.

The general indications of treatment in mortification are *first* to prevent its occurrence; *secondly*, to arrest its progress; *thirdly*, to facilitate the separation of the dead parts from the living, and, under favourable circumstances, it is proper to accomplish that separation by surgical operation. These are the general indications which the treatment of mortification presents.

In considering the first, we must bear in mind *the nature of the particular cause of mortification.* Antiphlogistic treatment will prevent the occurrence of mortification when it is likely to come on in consequence of acute inflammation; but when a part is likely to go into mortification from exposure to cold, a judicious mode of restoring the temperature of the part will be most likely to obviate its occurrence; and so, in each individual instance, the treatment calculated to prevent the occurrence must be adopted, from a consideration of the cause which produces the mortification, and of the particular nature of the affection in the part.

It is an important consideration what are the means by which the second indication can be employed, *that of preventing the progress of the affection.* Heretofore mortification has been regarded too much in the light of putrefaction, decomposition, and decay of the part affected. In the attempt to fall on those means by which its progress might be arrested, investigations have been made to discover those substances which would prevent the progress of putrefaction in dead animal matter; and it has been argued that the same means which would prevent this would equally arrest the progress of mortification in a living body. Hence the class of what is called *antiseptics*, that is, of substances calculated to prevent putrefaction, has been principally relied upon in the external treatment of mortification; alcohol, camphor, turpentine, and bark, are agents that we well know are capable of preserving for a length of time dead animal matter, and of preventing those changes that would otherwise take place. Now, however, you are aware that the change which occurs in mortification is not to be considered as identified with putrefaction; and although those substances that I have mentioned would prevent putrefaction in a dead body, it by no means follows that they would prevent a living part, that was in a state of serious disorder, from going into mortification. With reference to arresting the progress of mortification, we want to discover, not what substance would preserve the part for a length of time when dead, but what will prevent the part while still living from losing its vitality and passing into a state of mortification. Now, if you consider, that in a number of instances the living parts which are attacked by mortification, are in a state of high inflammatory action, you will immediately perceive that alcohol, turpentine, camphor, and such substances, cannot be well calculated to prevent the occurrence of mortification; and, indeed, we may dismiss altogether from the catalogue of local means the substances called antiseptic, which are so much recommended by old writers in the treatment of mortification. Their practice arose from an erroneous view of the subject. There are certain substances which have the power of correcting or of destroying the fœtor which attends the process of mortification. Charcoal is one: and thus the application of charcoal to a part which has mortified is often advisable, with reference simply to removing the offensive and annoying smell which accompanies the process. For this purpose you usually find that charcoal, whether in cases of mortification or other kinds of diseased action which are attended with offensive odour, is recommended. But the most powerful agents in removing these unpleasant circumstances in mortification are the chlorides of soda and lime, which were first introduced for that purpose by the French, and have been proposed not only as applicable to mortification, but as disinfecting agents generally—as means capable of destroying offensive effluvia—effluvia that might produce disease under particular circumstances; and I believe they may be said generally to possess that power in a complete degree.

The *internal* treatment must, of course, be various, according to the condition of the general symptoms. In cases of acute inflammation you may have to employ antiphlogistic means;—but in cases where the symptoms have assumed the typhoid character, which I have already spoken of, you must employ remedies of a contrary kind—bark, stimuli, wine, brandy, and, in fact, all the means, both in diet and medicine, which are capable of supporting the strength of the patient. Under such circumstances we cannot lay down any one general rule.

I now come then, to the third indication, *the means of favouring the separation of the dead part from the living.* When the mortification is extending, we cannot accurately trace the boundary between the dead and the living parts; they seem to be confounded together; and at all events near the edge of what we conceive to be the dead part, we find that the living part, if it be not actually black or brown, is perhaps of a dark livid tint, and seems just passing into those colours, and the surrounding living parts are perhaps vesiccated. It is in this way that the mortification is carried on, affecting fresh parts in succession. But when the mortification has stopped, we then see a defined edge to the dead part, and we observe that the living portion, immediately adjoining the edge, assumes a brighter red colour; in fact, the boundary of mortification manifestly shows the occurrence of inflammation, and then the absorbents begin to perform the act of separation, and the division between them gradually deepens. Thus the mortified part is separated.

Now, in order to favour by local application the performance of this process, in general all we can do is to keep the part at rest and covered by a soft warm poultice: a poultice of bread or linseed meal answers the purpose extremely well. A yeast poultice is also used, being more stimulating. Yeast is employed in making the poultice instead of water. The dilute nitric acid may be beneficially employed to hasten the extension of the boundary between the dead and the living parts; a solution containing four, six, and from that to ten drops to the ounce of distilled water, may be used, and lint dipped in it applied to the part. In some instances, powdered camphor is advantageously strewed on the surface of the parts in which the process of mortification is going on.

Then as to the question of *removing the dead part in case a limb is affected by mortification.* The general rule has been not to perform amputation until the boundary between the mortified and the living part is decidedly established. No doubt this is a very wise rule. In instances where an entire limb is the seat of mortification, it will generally be found that the state of the constitution—of the health at the time—has had much to do with the occurrence, and with the progress of the affection, and therefore, until the mortification is decidedly arrested, you may suppose that the same disposition to mortify which has given rise to the first occurrence of the complaint, still exists; and consequently, if you amputate a limb under these circumstances, the wound made by the operation will take on the same condition, viz. mortification. Hence has been grounded the rule which has been laid down, not to think of performing amputation in a case of mortification until the boundary is completely and decidedly established. When the process of mortification has thus come to a natural crisis, you may suppose that a more healthy condition of the frame has occurred, and you may expect that the wound made in amputation will go through the process required for the cure in a favourable way. I have seen an instance in which the toe, for example, has been the seat of mortification, where the condition of the limb has appeared quite favourable, free from anything like disease; where the patient has seemed in a tolerably good healthy state, and where, from the very slow progress of the affection, it has been supposed that the disposition to mortify was worn out: in instances of that kind, where amputation has been performed, although the boundary was not clearly established, frequently—I believe I may say generally—the process of mortification has come on in the stump, and the operation has terminated without any advantage. So that in all instances where mortification arises from or is kept up by *internal* causes—by an unsound state of the constitution, you must not make that the time for performing the operation of amputation. But in certain cases of mortification arising from *external* causes, this rule may be relaxed.

Having offered to you these general observations relating to mortification, I have a few words to say respecting some particular points.

Mortification may be produced by *cold.* Cold, whether it may be applied to the body *generally*, or to any *particular* part, has in a very decided manner the effect of diminishing vital action. Thus, in countries that are very cold, where persons frequently have certain parts of the body exposed to a temperature below the freezing point, it is by no means uncommon to have such parts chilled, reduced in temperature, and, in fact, actually frozen. Now it has been found, that if a part of the body thus chilled is suddenly brought to the fire, it loses its vitality, and invariably mortifies; and the only mode to prevent this is to raise the temperature of the chilled part *gradually*, by applying to it in the first instance snow or iced water, the temperature of which is only a little above that of the part itself. This is the mode of treatment in frost-bite.

The mortification which arises from *serious local injury*, and which affects an *entire* limb, is one of very great consequence. This comes on in consequence of extensive bruises or lacerations—in consequence of very severe gun-shot wounds—in consequence of bad fractures; these last sometimes pro-

duce a complication of displacements, with extensive lacerations of the soft parts, perhaps even the injury of some of the principal vessels and nerves. Under such circumstances mortification will come on suddenly in an entire limb. The limb swells, and loses its natural colour; it becomes livid, black, and blue, and loses its temperature. A thin effusion is found disseminated through its textures, the cuticle separates, vesicles occur filled with fluid, and these changes in a short time will extend in the whole of the limb, and quickly reach the trunk of the body. This occasions that which is called *traumatic* gangrene—that is, gangrene consequent on a wound or violent local injury.

You may judge of the rapidity of the affection in this case by what Larrey mentions, who has given several instances that he had observed, principally in consequence of gun-shot wounds. He says that in some of these he has seen the process of mortification reach the trunk in *six* hours. If such a case be left to itself, death is inevitable. The only question is, whether under these circumstances, provided we see the case sufficiently early, we may attempt to save the patient by amputation; as for waiting for the boundary, here it is out of the question—to do so is to lose the patient. This, therefore, is a case in which it becomes a question whether we ought to adhere to the general rule that I previously laid down. Now here we must consider not merely the state of mortification in the limb, but also the condition of the patient's constitution in whom it occurs. There are certain individuals of a bad constitution in whom traumatic gangrene may take place, and in whom the mere state of the system alone, independently of the serious local injury, would be a sufficient reason against performing amputation. I was sent for to see a gentleman without being aware of the nature of the case that I should have to witness, and on entering the room I was much surprised with the look of the patient. He began to speak, but he appeared as though he could hardly exercise the muscles of articulation. I put my fingers on his pulse, and found it sinking. The hand was cold, and I then found he had an affection of the other arm, which I was desired to look at, and when it was opened, to my great astonishment, I found the fore-arm mortified. It was cold, livid, and discoloured, and the process of mortification extending up the arm. On inquiring into what had occurred in this case, I found the gentleman was not aware of any other cause for this state of the limb except that some one who passed him in the street had struck him upon the elbow a few days before. The part became uneasy; it swelled, and he applied to a medical man, who sent his assistant, and he applied some leeches for him. But the medical gentleman himself, by whose desire I was requested to see the patient, had not seen him until less than 48 hours of the time of my seeing him, so that in that short period this traumatic gangrene had extended, as I have mentioned, from so trifling a cause. It is obvious, that under such circumstances, it would have been of no use at all to have thought of amputating the limb. In the feeble state to which this person was reduced, the mere operation would have been sufficient to extinguish life, and, in fact, the patient died within 24 hours of my seeing him.

I have seen instances in which amputation has been successfully performed in *traumatic* gangrene before mortification had stopped, and, consequently, before the line of demarcation had taken place between the dead and the living parts. Several such cases are recorded by Larrey, in his 'Memoirs of Military Surgery,' and I believe of late years there has been an accession of evidence on the same point; so that I have no hesitation in saying that in the case of a patient of healthy constitution where gangrene arises, as in such cases from external causes simply, you must disregard the general rule that I before mentioned respecting the performance of amputation. The removal of the limb in many cases will be the means of saving the patient's life, which otherwise must be inevitably lost, from the serious nature of the affection, and the rapid way in which it extends over the limb.

In elderly persons mortification occasionally takes place—more especially in consequence of the changed state of the arteries of the limb, which become ossified; and this particular form has been called *gangrena senilis*, or the gangrene of old age. A portion of the end of one of the toes, or some part of the foot, becomes livid, the cuticle is raised by a sanious fluid, and vesication takes place. The patient experiences, perhaps, little or no pain, and when you open the vesicles of the cuticle, and let out the fluid, you see that the skin, which is exposed, has lost its vitality.

Now the part thus mortified readily shrinks and shrivels—it goes into a state of dry gangrene. The part thus mortified may be separated from the limb, and leave it in a healthy state; but then general mortification occurs in some other part, and from the slight point at which it first begins, it probably extends and creeps along the foot, so that generally when you have an occurrence of this kind, you find the patient dies from it, although the mortification in the first instance may appear to be very slight in extent. It takes place with so slight a disturbance in the part, and so little constitutional affection, that at first you are hardly aware of the dangerous nature of the disease. Sometimes this gangrene of the toes of old persons is attended with very considerable pain, and it is this form of the affection in which Mr Pott warmly recommends the administration of opium in large doses, on account of the pain with which the process is attended. You cannot do better than keep the part at rest, and cover it with a soft poultice, assisting the process by some means of a local kind. I have mentioned that generally these cases terminate fatally. When you once see a limb vesicate, it is an evidence of the deranged constitution of the individual in whom it occurs; and however favourable the circumstances may appear for a time, you seldom find that the patient escapes.

I may just mention to you cursorily the occurrence of mortification from the application of animal matter in a state of decomposition, under the term *malignant pustule*. Under this name a certain state of the skin has been described by continental writers, and I fancy the case is more common with them than with us. It especially happens to butchers, and persons that have to do with hides, and it is said to take place more particularly where butchers have to slaughter animals that have died of disease. I will only mention one case, that of a person who was employed in Leadenhall market. He had to handle some very stinking hides that came from South America, and in doing so one of these putrid hides swept by the side of his face. He was aware that it touched him, and that it left some nasty stuff, about one inch and a half square, under the lower eyelid. Where the surface of the skin had been touched it first became red and swelled, and from that it became œdematous; the part that was red measured more than one inch each way, and a slough formed, which occupied not only that part of the skin, but that adjoining the cellular tissue; the part separated, and he lost a great part of the cheek; but the lower part of the eyelid was saved. That is a singular example of the deleterious kind of effect which decomposed animal substances has over the skin.

Poisoning with Arsenic.—In a recent publication of M. Orfila, he shows that arsenic may be found in the organic tissue, particularly in the liver of persons poisoned with that metal, even when no trace of it can be discovered in the digestive canal. M. Orfila's first experiments were confined to dogs, but he had soon opportunities of confirming his opinion by experiments on the human subject. Considerable quantities were found in the flesh and viscera of Soufflard, who poisoned himself with arsenic while on his trial for murder. M. Lorrin poisoned himself with arsenic, and numerous traces were found in his liver. Hence it is well established, that in case of poisoning with arsenic the metal is absorbed, and may be discovered in the tissues, while, by *the same processes*, not a particle of arsenic can be discovered in the same tissues if the person have not taken any arsenical preparation.

PROFESSIONAL QUACKERY.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—It being an established rule among members of the medical profession, that no member endeavouring to seek professional repute, by directly or indirectly advertising in the public prints, is guilty of a breach of professional etiquette, and believing that all having gentlemanly feelings, and desirous of promoting the cause of medical science and literature, are incapable of acting improperly, I am surprized to have seen, of late years, many of acknowledged talents publishing works particularly addressed to the non-professional public, works neither calculated nor intended to promote the interests of medical science, containing no original views, of no real advantage to the public, but evidently written (and no doubt generally successfully so) for the purpose of gulling the public into a belief that the writer is a man of great knowledge of the particular subject of which he treats, the public generally believing that a medical man who writes a book must be a man of great talent and profound learning. Another mode of *puffing* into practice is also adopted by certain practitioners in London, I allude to that of feeing reporters to insert in the public prints accounts of their attendance on patients, particularly if these patients happen to be persons of note. I have remarked one person in particular, whose name figures almost daily in the newspapers as Mr M'——, living not very far from *Parliament street*. This gentleman seems to officiate as surgeon to every accident that takes place in that neighbourhood. Every dog or cat that is run over is taken by the police to the shop of this Mr M'——. I have heard other strange stories of this individual's professional character, but cannot vouch for their truth. The legally qualified medical men are endeavouring to exterminate quackery; but we think, while they wage war against the illegal quacks, they ought to look at home, and endeavour to cleanse their own Augean stable, by holding up improper actions of members of their own body to the comments and ridicule of the rest.

Trusting that your spirited journal will continue to evince the healthy and independent character which has already gained for it a wide circulation and general respect, I remain, sir, your obedient servant, A Surgeon.

SUCCESSFUL TREATMENT OF ACUTE HYDROCEPHALUS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—I request the insertion of the following case in your columns, that its record may direct the attention of your numerous readers to the peculiar treatment which was attended with a successful result, as gratifying as unexpected. Yours obediently, C. H. B. Lane.

33, Leicester square, Dec. 14, 1839.

E. C. æt. 2½, first seen November 29th. She is of delicate constitution, and remarkably precocious intellect. One of her brothers died with cerebral disease at about her age. She has suffered slightly with convulsions in her infancy. Dentition was not going on, nor was she subject to worms. Indisposition had been coming on for about a week, with drowsiness, loss of appetite, costiveness, and febrile symptoms. On the 29th they became aggravated in a marked degree; there was much pain in the head, violent vomiting, and slight convulsions. I found her with the following symptoms: much fever, and a pulse of 140; dilated pupils; semi-stupor; frequent convulsive movements during sleep; contracted brows; heat of scalp. In the hope that the state of the digestive system might constitute the source of [illegible]

tion, I ordered two grains of calomel twice a ty; castor-oil immediately, and to be repeated ch morning; also warm baths. I did not again the child till the evening of the 29th, when she as evidently much worse The bowels were moately open, and the evacuations perfectly natural, they also continued during the entire course of e disease. There was some retraction of the abminal surface, but no tenderness was evinced on ssure. Pulse weaker, 150. Scarcely took the ghtest notice. At the opening of the anterior ntenelle, which was as large as in an infant, there as tension and pulsation. Two leeches were aped to the temples, and 1-8th of a grain of bichride of mercury in solution was ordered every ur hours. 30th, Neither febrile excitement nor ad symptoms had in the slightest degree abated. The leech bites had bled freely. The medicine ad been given rather more frequently, and in arger quantity than ordered, so that one grain of orrosive sublimate had been taken within twenty ours. From the desperate nature of the case I leemed myself justified in pushing the administration of the mercury to its full extent; two grains more were therefore administered within the next hirty hours, when the morbid symptoms evidently began to give way. The febrile action became subdued, and the oppressed state of countenance was relieved, the child rallied from the previous stupor to sensibility, but there was death-like pallor; syncope occurred twice, and the breathing became more frequent, and accompanied with loud mucous râle. To rally the powers of life was now my object. Strong brandy and water was administered by teaspoonfuls, and a blister applied to the neck; the medicine was continued at longer intervals. December 2d, The best effects had resulted from the above treatment. The child was quiet, composed, and free from fever; the blister had not risen much; the bowels were comfortably open. The mouth was evidently tender, and I fancied I could distinguish slight mercurial fœtor in the breath. Continued medicine. 3d, Going on well, but much troubled with cough, on account of which, tincture of hyoscyamus was added to the mixture. The next day the mixture was changed for one of tincture of bark and paregoric. In conclusion, suffice to say, that the subsequent convalescence was progressive.

Thus, within the space of six days, five grains of bichloride of mercury were administered—three grains within fifty hours—I believe with the effect of saving the child's life; and it affords a striking example of the extent to which powerful medicinal agents may be given under the existence of certain morbid states.

POISONING AT THE BRISTOL INFIRMARY FROM PRUSSIC ACID!!!

(From the Bristol Mercury of December 7, 1839.)

At the Bristol Infirmary, on Tuesday last, an inquest was held on the body of Mary Mabbett, of Thornbury, who died under the following circumstances:—Charles Redwood Vachell, house-surgeon, deposed as follows. The deceased was brought in here on the 31st of October last, from Thornbury; her disease was tumour of the vagina, and Mr Harrison was her surgeon. I have been in the habit of seeing her very frequently. I saw her yesterday morning at about half-past ten; she has for some days been very ill from some inflammatory disease of the chest; she was not so well as usual when I saw her yesterday, but I did not apprehend immediate danger. I saw her again about twenty minutes before eight last night. I was fetched from the Institution, in Park street, and found her breathing with very great difficulty; she had commenced tracheal rattles; her extremities were cold; she was perfectly sensible, and her pupils in the natural state. From what I observed, and from information I received, I prescribed brandy, ammonia, cold sprinkling of the face, and the application of mustard poultices to the chest; no effect was produced; she continued sensible to the last, and died in twenty minutes or half an hour after I entered the ward. I attempted artificial means of respiration, but without effect. This day, in conjunction with Mr Harrison and Mr Morgan, I opened the body; the only morbid appearances were effusion of a few ounces of serous fluid in each pleura, condensation and softness of the lungs, with deposit of lymph upon their external surface, indicating inflammatory disease. The pericardium contained at least five ounces of a sero-puruleut matter, with a similar deposit of lymph upon the surface of the heart; the substance of the heart was also vividly injected; there was an old adhesion of one lung; the contents of the stomach were removed, and are preserved; the appearances of the chest were sufficient to warrant a belief that she died from inflammatory disease. The symptoms at the time of death were those usually presented by persons who die of disease of the chest; the bottle now produced was given me by Mr Barry, as that containing the medicine which had been taken by the deceased.

Frederick Barry, pupil to Mr Harrison, deposed—The last prescription in the order-book is a mixture for Mary Mabbett, and consists of one grain of hydrochlorate of morphia, one drop of hydrocyanic acid, and two ounces of camphorated mixture, one-half to be taken at bed-time; the entry was made by myself under Mr Harrison's direction; the prescriptions were usually made up in the shop by the apothecary, or his apprentices, and occasional assistants. In the evening, at between six and seven o'clock, in consequence of something I heard, I went to Mary Mabbett; from the state in which I found her, and from the label on the bottle, I judged that something improper had occurred, and therefore sent for Mr Vachell, before whose arrival I administered an emetic, which did not operate. I did not leave the patient till Mr Vachell arrived, to whom I gave the bottle.

Susannah Smart, the nurse of the ward 15, under whose care deceased was, deposed that the draught was brought to the ward by one of the boys from the apothecary's shop, when, in accordance with directions given to her in the day-time by Mr Harrison, she gave deceased half of it; in a few minutes after she had swallowed it, she appeared to become hysterical, and that the draught stopped her breath; she was very short-breathed before; she could not lie down in the bed; witness gave her a little toast and water, and, finding she did not get better, sent for Mr Barry.

Mr W. Fripp, who attended as a member of the house-committee, deposed that, upon receiving the bottle of medicine from Mr Vachell that morning, he caused it to be sealed, and took it to Mr Herapath.

Mr William Herapath, philosophical chemist, deposed as follows:—I have analysed a portion of the contents of the bottle; my attention was principally directed to the hydrocyanic produced. I found in 40 grains of the fluid 15 grains of hydrocyanic acid; the quantity of fluid in the bottle was 200 grains; the quantity of void in the bottle would have contained 320 grains, making 520 in the whole; probably the quantity required to fill the bottle was under 320 grains—say 300 grains; at this estimate, *the quantity taken, supposing the bottle to have been quite full, would have been of dry hydrocyanic acid one grain two-tenths, and the entire quantity in the bottle must have been one grain 95; the quantity in the bottle would have been equal to about 100 grains of the prussic acid of the pharmacopeia.* I have not seen the contents of the stomach; there was no ingredient in the medicine to neutralize the strength of the prussic acid.

Charles Redwood Vachell, examined—The handwriting on the bottle produced is that of Jenkin Llewellin, one of my apprentices—he is 17 or 18 years of age. He is now in this house, but is very dangerously ill, in a state of mania, and perfectly incapable of understanding any question or giving any answer. He was engaged in preparing medicine from the prescriptions yesterday; I assisted him, because one dispenser is ill and absent from the Infirmary. I have no doubt he prepared the medicine contained in the bottle now produced. The bottle contains a proportion, but I do not know what proportion, of prussic acid. Prussic acid is a medicine of very variable strength, although assumed to be of a certain strength. I have examined the label on the bottle and the prescription in the book. The label ought to have been a copy of the prescription, but it is not. The prescription in the book is for one drop of hydrocyanic acid: the label on the bottle is thirty drops. I have never seen a case of death of a human being from prussic acid. Prussic acid is an important medicine and extensively used. It was a medicine suited to the case of Mary Mabbett. I should not infer that she died from the use of prussic acid. I was led to make inquiry in consequence of suspicions being entertained that the larger quantity of the acid had been used in compounding the medicine. I inferred this from the label on the bottle only. The symptoms of the deceased at her death were not those which are said to indicate death by prussic acid. Mr Llewellin has been here about 15 months, and has been accustomed to make up prescriptions during the whole period. He was well acquainted with the dangerous qualities of prussic acid. I was not present when he mixed the medicine referred to. He was usually very careful. When Mary Mabbett died last night, and suspicions were thrown out that he had mixed an undue quantity of prussic acid with her medicine, he became greatly affected, and has since been seriously ill, and is now raving.

John Harrison, Esq., surgeon of the Infirmary, deposed as follows:—The prescription in the order-book was entered under my directions; have seen the bottle produced to the jury; the prescription labelled on the bottle differs from that ordered by me; the principal difference is in the quantity of prussic acid, 30 *drops being substituted for* 1 *drop*. The patient was to take one-half the contents of the bottle, and the quantity prescribed as a dose would then have contained half a drop of prussic acid; I am not prepared to say that even 15 drops would have been sufficient to occasion death; heard the symptoms of the patient described by Mr Vachell; those symptoms were not such as are usually produced by an over dose of prussic acid. I attended the *post mortem* examination; have heard the description of the appearances of the body by Mr Vachell, and quite concur in them.

Dr J. C. Prichard deposed as follows:—Have heard the evidence given by the different medical gentlemen, and I concur in their opinions. I believe prussic acid is one of those poisons which destroys through the medium of the brain: in all such cases, stupor, apoplexy, or convulsions, produce death. None of those symptoms are described to have existed in this case; the fair inference, therefore, is, that she died from other causes. I have given more than 4 drops (of similar strength to that used in this house), three times a day, 12 drops in the day; more has been administered by others often.

Dr Howell deposed—I have in some cases administered beyond 15 drops of prussic acid (Scheele's preparation, the same strength as used here), three times a day, but I gradually increased the dose to that extent. I entirely concur in opinion with Dr Prichard.

The jury, after weighing the foregoing evidence, returned their verdict—*Died of disease of the chest.*

[Pray who were the jurors at this inquest? That Mary Mabbett had *disease of the chest*, we admit, but from the evidence of Messrs Vachell, Herapath, and Harrison, the proper verdict would have been "*That the deceased, Mary Mabbett, died from an over dose of prussic acid, which formed a portion of a mixture improperly prepared for the deceased by Jenkin Llewellin, Mr Vachell's apprentice.*" Query? Should it not have been manslaughter?]

M. Malgàrgue deems the term congenital hernia a misnomer: from extensive inquiry he is convinced that the visceral protrusion only occurs subsequently to birth, for the hernia occurring in new-born infants, he therefore proposes the term "Hernia in the Tunica Vaginalis." Between the ages of 10 and 35, he attributes the formation of hernia to excessive action of the abdominal muscles, and names it "Hernia de force" (active hernia). Subsequently to the age of 35, he attributes the disease to debility, and calls it "Hernia de Faiblesse" (Passive Hernia). The first variety is much more readily remediable than the second.—*Lancette.*

TO CORRESPONDENTS.

CHELMSFORD.—*The wag who sends us the story of the* scientific chemist *is thanked. We can make room only for a part of the verses. The illustrious son of Esculapius was questioned as to the effects of copperas, and after gravely stating* "it was poisonous!!" *the tale continues—*

"Besides—said this consummate quack, quack,
Besides—said this consummate quack,
'Tis made, sir, if proper,
Of acid and copper.
As sure as I'm daddy's son Jack, Jack,
As sure as I'm daddy's son Jack.

Quoth the Baron to scentified Jack, Jack,
Quoth the Baron to scentified Jack,
This logic won't do,
Tho' your mother says so,
You had better to mammy go back, back,
You had better to mammy go back.

Cross questioned this chemical quack, quack,
Cross questioned this chemical quack—
Who thought copperas and verdigris.
Were veritimilia.
Philosophical, exquisite Jack, Jack!
Philosophical, exquisite Jack.

How served they poor little Jack-quack, quack,
How served they poor little Jack-quack;
With a kick of the b—m,
Sent him home to his mum,
And christened him copper-ass Jack, Jack,
And christened him copper-ass Jack.

QUERY.—*Did the smallness of Dr Epps's corpus, or the infinitessimal character of his mind, lead Dr Epps to the shrine of Homœopathy.*

MEDICUS *is wrong in feeling surprise at anything done by Mr Wakley. He is fast sinking, not only in Finsbury, but what is more surprising*—in his own estimation.

We must beg all our correspondents not to indulge too freely in Greek and unpaid letters—they fall too heavy upon us. The printer charging Five Shillings a line for the one, and the postman Five Shillings a day for the other.

ST GEORGE'S STUDENT—*send often.*

EDINBURGH.—*There is some confusion—there were two Dromios. One, Hamilton* senior, *wrote on* Purgatives, *and another Hamilton (who at fifty delighted in the cognomen of Hamilton,* junior). *was the famous obstetrician. Among the students, the senior gained the euphonious appellative of* back-door Hamilton, *while his junior namesake was, to make things complete, styled* front-door Hamilton.

MESMERISM.—*We are neither the advocates nor the opponents of Animal Magnetism, but we are and ever shall be the advocates of fair play, and the opponents of injustice and illiberality. Knowing the value of Dr Elliotson as a physiologist and a physician, we feel convinced that all men of sense and judgment in the profession will not condemn him,* as yet, *for his patient, unwearied, and firm pursuit and investigation of Animal Magnetism. His friends ask, with every appearance of justice, "For what is he to be blamed? Is it for having elicited a proof of the existence of Mesmerism. Men of professional excellence in France, Germany, and Italy, being his examples? Is it because he recommends this treatment not in all, but some peculiar states of the nervous system? or because he has not been able to discover anything further than what he has already advanced, and, consequently, the repetition of the same experiments has rendered those who were at first eager in the pursuit, lukewarm by delay?" (Constantly showing the same girls, renewing the same experiments, assists perhaps in bringing disrepute upon the practice.) "Does not the existence of phenomena at variance with ordinary observation justify the doctor in persevering to discover, if possible, the* cause? *Why is obloquy heaped upon a man whom all allow to be talented for observing* facts *and trying to deduce a theory from them? He has not put forward this science, or whatever it may be termed, as an universal cure—a never-failing remedy. Those who have been impartial lookers-on, and watching him daily in his experiments, must allow that in this he has pursued the same course which led him to try those medicines which have now long been adopted, and are esteemed as bounties by the profession."*—A. B. *will perceive we agree with him.*

MEDICAL BOOKS.—"D.," *a student, writes, "one great debar to the advancement of the medical student is the high and inordinate prices of medical works. The beauties of many of our principal medical authors are snatched from the grasp of the anxious and searching student. It is really horrible to look over their high-priced catalogues! Cannot some reform be effected here? The non-medical public have their Romances and Novels published under a cheap form, as witness the 'Novel Newspaper,' clad in those homely garments, does it at all detract from the value of the works? And would the works of our standard medical writers be at all marred, if clothed in the same attire! The searching and inquiring student cares not for the cloth lettered, and gilded binding, but for the treasure therein contained. Let but the experiment be tried, and the student will run after the paper-wrapper volume, regardless of the external* beauties *of cloth boards, or calf.*

THE MEDICAL COLLEGE AFFAIR.—*One of the aggrieved asks Mr Wakley, M.P., what has been done with all the money collected for his proposed New College of Medicine? And what has become of the Elymosenary Fund? Perhaps also the Editor of the "Immaculate" will inform the possessors of the diplomas of the said college, where they can inspect an account of the moneys paid and received by that institution.*

A KING'S COLLEGE STUDENT.—*Upon principle. A worse spot could not possibly be chosen, and the hospital is only requisite to keep up the Medical School.*

DR RAWLINS.—*It is only justice to state, that this gentleman is not, nor ever was, in the slightest degree connected with the editorial department of this Journal. He has merely contributed the case bearing his name.*

A. *next week; as also* ROCKET, *Surgeon Apothecary and XX.*

The man is a mere bookseller's hack; nay, he is worse, and has made his appearance at various times under a variety of aliases, *as Bruce, West, &c. Handbills have been circulated by his victims, offering rewards for his discovery. In short, he is a perfect literary* Macaire.

*Some curious "*CONFESSIONS" *are in active preparation for the press.*

MR COLLIS'S *Portrait next week, together with a "Scene," by the writer of the former article.*

A VOICE FROM THE COMMONS *is again delayed by want of space.—Will he oblige us again?*

PRACTITIONERS SELLING QUACK MEDICINES.—*A list of these is in preparation. Its length is a matter of both surprise and regret.*

Letters for the Editor, and books for review, must be sent, free, to Wellington street North, Strand, London.

MR TOOGOOD DOWNING *should offer his assistance to the* Penny Doctor.

DR EPPS *and his Homœpathic victim have been attended to by the author of a '* Scene in Bedford square.' *The article was too late for insertion in the present number.*

Velpeau next week.

THE MEDICAL TIMES.

CHANGES IN THE COLLEGE EXAMINATIONS—REFORMATION AT THE WRONG END.

A PERMANENT change is said to be in contemplation in the mode of conducting the examination of all candidates for the diploma of the London College of Surgeons. It consists in enforcing the practical test of *dissection* before the board of examiners. Every candidate who goes up is not only to give the course of an artery, or the distribution of a nerve, but a scalpel is to be put into his hand, and he will be required to *demonstrate* the part in question upon a subject provided for the purpose. Here is a change which will alarm the timid—detect the incompetent; and as it vitally affects all students, it becomes at once a duty and a pleasure to examine its justice and its consequences.

The interests of humanity, as well as the respectability of the profession and the success of the student, all hinge on the paramount question of his possession of a competent knowledge of anatomy,—not a mere parrot-like recollection and recapitulation of origins and insertions of muscles, positions of processes or foraminæ, and distribution of vessels, but a sound knowledge of the relative position of every part of the body, a clear perception of the physiological uses, and of the changes and disorganization that result from disease.

We willingly admit the importance of dissection,—careful, studious dissection,—for obtaining such knowledge; nay, more, we believe it to be imperatively requisite that such studies should be carefully and diligently fulfilled before the student should think of exercising, in any way, the practical part of his profession. Hitherto it is matter of notoriety that men have been rejected at the college whose *practical* knowledge of anatomy has equalled that of many members of the council themselves, while others have passed whose knowledge had, parrot-like, been ground into them, and whose acquaintance with the dissecting-room equalled Hotspur's pounced poppinjay's acquaintance with the field of battle.

Admitting that the change is a salutary one,—that the test is wise and proper, we yet have much to say with reference to *its injustice*. The college feel that the torrent of public opinion is setting against them; they feel that to stand still is destruction; and that, in obedience to the onward sweep of improvement, *they must do something*. That this is the feeling, is evidenced by signs and tokens not to be mistaken. It is only a few days since an aspirant to the honours and profits of the council chamber, MR KEY, confessed in print that changes and improvements were requisite to save the college from that destruction which it has so long been braving with idiotic unconcern. Having arrived at this conclusion—driven at last to the necessity of rousing themselves from their lazy slumbers—they begin their reformation. And where do they begin?—By pouncing once more upon the student. After compelling him to buy of them and their relatives tickets and certificates,—after compelling him to study only where they can drain his pocket at their leisure,—after insisting upon attendance on lectures which teach him nothing, and trailing him for weary months through hospitals where fifty patients are prescribed for in an hour,—after these inconsistencies and mockery of justice, the poor student becomes the object of their attention, and "Reforms," God save the mark, are effected *at his expense*.

We have admitted the necessity for a sound practical knowledge of anatomy. We admit that all candidates for surgical honours should possess this thorough acquaintance with the structure of the human frame. But let us ask one question. If the whole body of practitioners, commencing with the College of Physicians,—taking Sir Henry Halford first—and going through the three lists of physicians, surgeons, and apothecaries—if we say all the members were subjected to the same ordeal which the students are to submit to, How MANY WOULD PASS? The answer must be instant and unanimous.

STETHOSCOPE AT ST GEORGE'S HOSPITAL.

It is possible that among the junior aspirants to medical fame, some have never yet seen a stethoscope, others have, and are fortunate enough to possess one, but for the life of them can't make out which end they ought to apply to the ear—which to the patient's body. I would recommend these, if such there are, to come to St George's. And ye sceptical ones who doubt the value of the stethoscope as a diagnostic agent, come and see—go round the wards with Dr Hope—he will probably talk about strange sounds, such as you never dreamt of—you listen yourself, but you do not hear the sounds he hears: you need not be surprised, for in particular cases the Dr hears such sounds as you, nor anybody else, can ever hope to hear—sounds which probably originate in the Dr's brain instead of the patient's body. You who are anxious may see the Dr perform with his pipe any day at St George's, and if you attend to the following symbols, you can't help distinguishing him, although you may never have seen him before. You strut into the hall of the hospital about one o'clock, and if you should see a neat little man dressed in a tolerably well cut black coat, having a small ink-bottle fastened to the third button upon the breast thereof, by means of a loop of leather, you may be pretty sure it is Dr Hope, but if you are still sceptical, there is yet another sign, which if you see, you may then swear to the man without the slightest fear of perjuring yourself. The sign is, full four inches of a stethoscope projecting from his coat tail pocket.

If the Dr should take off his hat, and it is most probable he will, the student, if he is anything of a bumpologist, will discern the Dr's middle central lobes are well developed, and about the situation of the parietal protuberance, he will discover a bump of considerable dimensions (that is, if he knows the bones, for if he does not, he won't know whereabouts to look for the protuberance), if he reflect a moment he will recollect there is a space between the organs of cautiousness and ideality which has not received a name, or, in other words, the functions of the bump are unascertained. This nameless bump is very full in the Dr's head, and I would ask, does the Dr's fondness for his pipe depend upon the development of this particular portion of the brain—or is it the organ of inventativeness—for the students who are accustomed to go round with Dr Hope know full well how he can invent symptoms and sounds to meet his own particular theories; this they call "making out cases." Then suppose we call this unnamed bump inventativeness. You now follow the Dr into the wards, he comes to the bed-side of a patient. What does he do? Why he draws forth from his pocket—his darling pipe—a pipe with which he loves to play, a pipe dear to him as his heart's blood; he listens through it to the sounds of the heart and lungs. The pet-pipe tells him they are sound; he then applies it over the region of the abdomen, and hears distinctly the rumbling of the alvine flatus, thrusts the pipe into his pocket again, taking care always to allow at least four inches to project to enlighten the uninitiated. He then takes the card to write the prescription, but hesitates a moment, as though dwelling on some fond idea, but if you watch him narrowly you will see his lips quiver—he is uttering a short ejaculation, silently, in honour of his pipe, for by its aid he has made out the case, —you anticipate me,—it was one of common belly-ache. The Dr, a short time since, entered a ward in the hospital with a friend. In his hand he bore the truncheon of his generalship; they halted at the bed of a female patient—a patient whose warp of life was well nigh spun: Atropos had already grasped the fatal scissors to cut the thread: the stethoscope was applied to her chest by the Dr's friend, who commenced describing aloud, in the voice of a Stentor, the strange sounds he heard. No wonder he heard strange sounds, for the cold and clammy sweats of death started forth, and stood in big drops upon the patient's brow—her lips quivered with death's latest gasps—her immortal spirit struggled to disentangle itself and flee away—her eyes grew glassy, and lost their living fire; the stethoscope revealed sounds less and less distinct. Hope or Atropos cut the thread of life; the patient was dead. Did not the angry spirit, as it winged its airy flight towards heaven, hover for one moment over the Dr's head; did not a soft, lingering, musical voice, whisper the two following significant monosyllables, "Cruel pipe," in his ear? We would not directly accuse Dr Hope of usurping the office of the elder of the *Parcæ*, but merely of assisting her.

O Mount Lebanus, wilt not thou cease to nourish the cedar and the elephants? Will ye not withhold your ivory rather than yield it to make instruments to be used in tormenting the dying? [*This is a fact, not a fiction.*]

MEDICULUS.

THE ORIGIN AND PRESENT STATE OF THE UNIVERSITY OF LONDON.

WHEN from the wreck of the Romish church one small portion of the broad fat lands which the priests for centuries had been accumulating was saved from the avaricious grasp of the nobles, whose power worked the "Reformation" of the Church and of their own fortunes—when that small portion was saved for the holy purposes of education, and Oxford and Cambridge were left as the seats of learning and science—the just and pious men who upon principle fought the good fight of religious liberty, fondly hoped that in securing the property of those Universities they were providing for the advancement of their country in science, in learning, and in morals. That this hope was futile, as it was sanguine, after experience has but too sadly proved. The monks, who had originally enjoyed their dormitories in these institutions, were succeeded by a class in no respect differing from their predecessors, save in name. The same exclusiveness—the same bigotry—the same idle self-sufficiency and self-enjoyment. Equally bitter against all difference of opinion—they displayed an equal desire to check inquiry and stifle truth. Themselves secure in the possession of a fat and lazy profusion, they feared and hated improvement—*knowledge* was exchanged for *learning*, and real practical science forgotten in the pursuit of vain and exploded dogmas.

The same spirit and determination which attempted to destroy the Romish fetters on education, again, after long years of endurance, evinced a stern resolve to assert the right of religious liberty of speech, pen, and education, and hence arose the metropolitan college, first called

THE LONDON UNIVERSITY.

ALL who desired the advance of intellectual freedom—ALL who had souls which hated monopoly—ALL who desired the wisest and the best might succeed to the exclusion of the stupid, the lazy, and the base—ALL who wished the advent of that day when talent, honesty, and open-handed truth should take precedence of the eel-backed, sneaking, sycophantic dolt—in short, all honest and right-minded men hailed, with bright anticipations of better things, the foundation of the London University.

What the influence of Popish institutions did for Oxford and Cambridge, the spirit of Mammon threatens to effect towards the London University. Raised upon the principle of liberality, but by the funds of a joint stock company, the higher and nobler purposes of a metropolitan educational institution have been lost sight of; and in place of the broad principles of justice and liberality, the managers have been influenced in their opinions, and guided in their actions, by a mean and despicable spirit, which, begotten of lucre, contaminates all it touches. These unhappy influences have impregnated every branch of the establishment. The high-minded and talented men, who, under the influence of those professions of liberality with which the institution started, had offered their talents to give body and stability to the pure outline which had been sketched out by its first projectors—such men, disgusted by the intrigues and meanness which marked its first proceedings, resigned in disdain; and Conolly, Jones Quain, and Elliotson left an institution which their talents only illuminated to render its deformities more frightfully conspicuous. While the institution was a *mere* joint stock company—while the £ s. d. were the sole proprietors of the scheme, there was the excuse that if the *purchasers* were mean, and mentally weak, and despicable, they were entitled to do as they liked with their own—to dispose according to their little wills of what they had purchased *and paid for*. But now that, under the false semblance of a PUBLIC INSTITUTION, they have been the recipients of BEQUESTS FOR PUBLIC USE—NOW that they have received SEVERAL THOUSANDS, and are about to receive upwards of TWENTY THOUSAND MORE POUNDS OF PUBLIC MONEY, I DENY THEIR RIGHT to appropriate it after their own mean fashion—I deny their right to use this money for the fattening of intriguers, of knavery, and of jobbing. The COUNCIL are EITHER PUBLIC SERVANTS OR PUBLIC PLUNDERERS. They are either amenable to the public for the manner in which they dispense the funds committed to them for PUBLIC USE, or they are purloiners of that which they have received under false pretences. I stay for a week.

CENSOR.

M. Louvrier, a young French physician, is at present creating some sensation in Paris, by advocating a forcible method of relieving anchylosed joints. It is to supersede even the operation of dividing the tendons of contracted muscles. There is a strongly partisan article in its favour in a late number of the 'Gazette des Hopitaux,' where numerous successful cases of its employment on the knee-joint are recorded, not *forgetting* one where it occasioned immediate necessity for amputation of the thigh. Should the novelty be imported into England, we fear numerous rival candidates for the original invention will start up.

OBITUARY.—On the 14th instant, at Bishopsbourne, Kent, John M'Divit, M.D., late physician to the Kent and Canterbury Hospital.—Suddenly, at Dundalk, on the 23d ultimo, Thomas Kelly, Esq., M.D., of Carlingford, for a long time a resident of Monaghan, and afterwards for many years a successful practitioner in Athlone, where he was highly respected by a numerous circle of friends and acquaintances.—In India, on the 11th of September, William R. Deacon, Esq. Surgeon of the Bhooj Residency.

REVIEWS.

The Surgical Anatomy of the Arteries, and Descriptive Anatomy of the Heart; together with the Physiology of the Circulation in Man and Inferior Animals. By VALENTINE FLOOD, A.M., M.D., Lecturer on Anatomy, &c. HIGHLEY.

IT was a deed of some hardihood to take up the anatomy of the arteries with a view to the publication of a volume adapted for students, in the face of the well-established reputation of Dr Harrison's work. We glanced at the volume with some misgivings, but a perusal of it dispelled any doubt as to the talent of the anatomist who wrote it, or the judgment that dictated its publication. Dr Flood takes a wider and more comprehensive view of the subject than Dr Harrison, commencing with a consideration of the circulatory system in the lower classes of animals, which is also illustrated by wood-cuts. After the physiology of the circulation, we have the minute anatomy of the arteries; and, in smaller type than that portion of the text which is required when the student is dissecting, the doctor adds directions for tying the various trunks, remarks on their surgical anatomy, and different variations in course. It is scarcely a work for extract, but we shall, nevertheless, transfer the following passages to our columns. Before doing so, however, we must stop to commend the plan of charging a low price for the volume. Harrison's work was an admirable one, but its author chose to follow the exclusive system, and limit the usefulness of his book by charging an excessively high price for it. We have often heard this objected to in the dissecting room. Dr Flood's work, with equal pretensions, and, as far as we have compared the two, of fully equal merits, is published at rather more than half the price. This will have the effect of reducing the publishing price of Harrison's book, or putting it out of the market. Good in either case must result to the student, and therefore deserves our commendation.

IRRITABILITY OF THE HEART AFTER DEATH.

SEVERAL physiologists have proved by experiment, that the heart will continue to beat after it has been removed from the body. In cold-blooded animals its contraction has been observed for 30 hours; and in a warm-blooded animal Haller observed it to continue for seven hours. After its contraction has ceased, it may be renewed by immersing it in warm water, and by the use of various stimulants. It is remarkable that the internal surface is considerably more sensible to stimuli than the external, and its sensibility lasts for a longer time. The irritability of its different chambers cease in the following order;—left ventricle, right ventricle, left auricle, right auricle. The right auricle has been accordingly termed the *Ultimum moriens*. Haller described the protracted irritability of the right side of the heart to the circumstance of its containing blood after the left side was empty. To test the correctness of this opinion, he performed the following experiment:—He obstructed the escape of blood from the left ventricle by ligature of the aorta, and emptied the blood of the right side by division of the venæ cavæ and pulmonary arteries. The result of this experiment was that the right side ceased to act before the left, because, as he inferred, it was sooner deprived of the stimulus of the blood. The result of this experiment, however, does not by any means imply that the heart was excited to contraction by the *specific properties* of the blood; for in this case, the unnatural *distension* of its left side, in consequence of the ligature of the aorta, may have acted as a stimulus. It merely proves, in my opinion, that after the contraction of any part of the heart has ceased, its action can be renewed by excitement.

IMPULSE OF THE HEART.—During the contraction of the heart, its apex strikes against the anterior wall of the thorax, and causes a shock, which is termed its impulse. Now, if the apex of the heart approaches its base during the contraction of this organ, ought it not to recede from the anterior wall of the thorax, instead of striking against it? How are we, then, to explain its impulse?—Some have supposed, contrary to all observation, that the heart became elongated during its contraction. Senac attributed the impulse to the straightening of the two great vessels at its base, and to the filling of the left auricle during the contraction of the ventricle. Dr William Hunter supposed it was solely the effect of the arch of the aorta becoming straighter, and therefore longer, by the influx of blood. Carson and Muller have shown that the aorta would not become straighter under those circumstances, and Dr Corrigan justly observes, that if it did, it would carry the heart to the right side, and not forwards. Lastly, Stokes and Burdach maintain that the impulse is caused, not by the contraction of the ventricle, but by the distension that precedes it. Mr Carlisle gives a very ingenious explanation of it. He observes, that the anterior fibres of the heart are longer than the posterior, and therefore in their contraction will lose more of their length, and consequently must have the effect of bringing its apex forwards.

Observations on the Disorder of the General Health of Females, called Chlorosis, showing the true cause to be entirely independent of peculiarities of Sex. By SAMUEL FOX, Surgeon. Highley.

THERE are two specific characters that are generally to be distinguished in medical works. One class of authors write in a spirit of impartiality, investigating a matter merely in relation to its merits; another having embraced a peculiar opinion, become the factious partisans of that which was originally advocated from intellectual conviction. A work of the first description is indeed a rara avis: too many publications partake more or less of the nature of the second. In the philosophical pursuit of science, we can only attain general rules, which should constitute the starting point of ratiocination—the basis of deduction; but we shall find authors frequently committing the error of founding their arguments on exceptions to general rules. Mr Fox states the object of the work to be "to direct the attention to the fact, that the disorder termed *chlorosis* is *not* peculiar to the *female sex*, and its occurrence limited to *any* particular period of life; but that it is solely a complication of affections *(entirely independent of sexual formation)* resulting from, and almost invariably attending, a peculiar functional derangement of the liver and digestive economy." After asking, "Is not the retention of the menses the cause of the general ill health of the female?" He thus replies, "*I contend that it is not*—on the contrary, that the retention of this natural discharge is only one of many other symptoms, and sympathetic affections whose common origin is derangement of the biliary apparatus of the liver; and I also contend that in far the greater proportion of cases the functional derangement of the liver is primary or idiopathic." Such is the gist of Mr Fox's proposition—and we will now take into consideration a few of its most prominent points of development. The first object is to demonstrate, that the catamenial discharge has but slight influence upon the female frame. We find the assertion, that "the transition from childhood to puberty is distinctly marked, although *menstruation may not be present*" to commence with; in reply to which we must observe that as a general rule, the attainment of puberty is *not* completed without the occurrence of menstruation. He then considers the question of the object of the menstrual discharge, and examines the different views which have been held on the subject. For our own part we look upon the periodically increased vitality of the uterus, indicated by augmented vascularity merely as a wise provision of nature to render it more fitted for the part it has to play in the phenomenon of reproduction, which is borne out by the generally attested fact, that conception usually takes place within a short period of its occurrence. We now have the startling proposition that "it is not necessary for the health of the human female that she should ever *menstruate at all*," "that the catamenial discharge is merely a local relief or resolution of the vessels when they have become periodically and healthily congested." We believe that the counter proposition would be more generally supported; viz. that for the human female to remain in health, excepting of course during the periods of pregnancy and lactation, the occurrence of that peculiar uterine state is requisite, indicated by menstruation, which is the *necessary* consequence thereof. "If menstruation be necessary to the health of the female, as it is said to be by most medical writers, then it is absolutely necessary that all females should continue to menstruate during the whole period of life; no exception can be admissible—no female, according to this rule, can be without the function, and at the same time be healthy." Here is assumption and illogical conclusion with a vengeance. We will merely place the proposition as follows, and the fair deduction will be obvious:—menstruation is indicative of the uterus being in a fitting state for conception, other circumstances being favourable: it is, therefore, merely concomitant with the period during which females are destined to bear children. Why do women often enjoy better health during the latter part of life than before the cessation of the catamenia? For the obvious reason that their organization, as related to the purposes they are destined to fulfil, has become less complicated, and therefore less liable to derangement.

Mr Fox now takes up another position, in which we are much more ready to acquiesce. He contends that "the *series of affections* passing under the *term chlorosis* can never arise from mere *retention*, or more correctly speaking, non-appearance of a *monthly discharge* from the *uterus*." How far the mere retention of the menstrual fluid is a morbid cause is doubtful, but we feel confident that its proximate cause in the great majority of chlorotic cases is their primary centre;—the affection of the liver being secondary, and not indispensably requisite. Do we usually look for the symptoms peculiar to chlorosis to supervene on hepatic derangement occurring in man, woman, or child? No! nor does it happen in ninety-nine cases out of a hundred. That chlorosis may originate in the hundredth case of liver affection we will allow, and the uterus becomes implicated subsequently. But how often are we able to date the commencement of chlorosis from checked menstruation by cold, when there existed not the slightest indication of previous hepatic affection. We are ready to allow the important influence of the liver in constitutional disease of all kinds, when we believe it to become rapidly affected—ay, even in chlorosis. That a deranged state of the bilious function may simulate the disease in question is true, and in this morbid state males participate with females; but, if we take the gross amount of apparent chlorotic cases occurring in an agricultural district, nine cases out of ten will be found among females. If we look at the appearance of those men who follow the most sedentary occupations in this great metropolis—tailors for example, we shall not readily find the aspect of a chlorotic girl. The

nature of the treatment recommended consists in aperients, the judicious administration of mercury, and subsequently tonic remedies: emmenagogues are altogether decried.

In conclusion, though we cannot concur with Mr Fox in the appropriation of chlorosis as an essentially hepatic disease, yet we can compliment him highly on the talent and ingenuity with which he advocates his peculiar views. The perusal of his work will be found highly instructive, and will doubtless tend to establish a rational and constitutional mode of treatment in lieu of the injurious and empirical administration of emmenagogues which still exists.

PAPERS BY SIR ASTLEY COOPER.

OF THE SECOND KIND OF FRACTURE, THROUGH THE TUBERCLES.

"This fracture happens at the junction of the head of the os humeri with the tubercles, at the part at which the capsular ligament is fixed, and where, in young people, the epiphysis is placed. It is a very frequent occurrence in young people: it sometimes, though more rarely, happens in the old: in middle age it seldom occurs. In children, it is the result of falls upon the shoulder; or it happens from a sudden or unexpected push of the arm, which it is unprepared to resist. I have seen it complicated with fracture of the clavicle; but this makes no difference in the treatment.

"The signs of this accident are as follow:—The head of the bone remains in the glenoid cavity of the scapula; so that the shoulder is not sunken as in dislocation. When the shoulder is examined, a projection of bone is perceived upon the point of the coracoid process; and when the elbow is raised and brought forwards, this projection is rendered particularly conspicuous. By drawing down the arm, the projection is removed; but it immediately re-appears upon giving up the extension, and the natural contour of the shoulder is lost. The motion of the shoulder is painful; and the child cannot raise his arm but with his other hand; the elbow is with difficulty removed from the side, and the arm is obliged to be supported, either by the patient himself, or by aid of another. The diagnosis of this injury is not difficult; yet I have known the accident mistaken for dislocation. The point of the broken bone is felt at the coracoid process, and this is supposed to be the head of the os humeri; but, with care, the head of the bone can be felt still filling the glenoid cavity. When the elbow is rolled, the head of the bone does not obey its motion. A slight extension draws the broken point of the bone into the natural position, beneath the head, from which it has been separated; but it always immediately re-appears, when the extension is lessened or removed. Upon the dissection of these cases in the young, the head of the os humeri is found broken off at the tubercles, but it remains in the glenoid cavity. A great quantity of ossific matter is thrown out from the periosteum and fractured neck of the shaft of the bone, but very little from the broken head. A cup of bone is formed upon the fractured neck of the shaft, in one of my preparations; which supports the head of the bone, so as to prevent the neck separating from it. A slight union is produced by the cancellated structure; the principal callus being formed on the outer surface, and it encases the bone.

* * * * *

"The best mode of treating these accidents consists, in the young, in applying a splint on the fore and back part of the arm, binding it on by a roller; placing a pad in the axilla, and using a clavicular bandage; supporting the hand, but not the elbow, in a sling; as, if the elbow be raised, the broken end of the bone projects forwards. In old persons the injury is more severe, and the force producing it is violent: it therefore becomes necessary to reduce inflammation, and to apply leeches and evaporating lotions; to observe perfect rest at first: and, after some time, the same treatment, as to bandages, may be pursued as in the young. In both the old and the young passive motion is to be employed as soon as the union is effected: which, in youth, is in a month; but it requires from two months to twenty weeks in age."

OF THE THIRD SPECIES OF FRACTURE OF THE SHOULDER.

"The bone, in these cases, is broken in its surgical neck; viz. between the tubercles and the insertion of the pectoralis-major, coracobrachialis, latissimus-dorsi, teres-major, and the deltoid muscles. In this case there is great deformity of the bone: the head, neck and tubercles remain in the glenoid cavity, with part of the shaft of the bone connected with them; but the broken end of the shaft is drawn forward and upward, under the pectoralis-major muscle. When the elbow is thrust upwards, the broken extremity of the bone projects on the inner side of the coracoid process of the scapula; and it sinks when the support of the elbow is removed. When the arm is rotated at the elbow, the broken end of the lower part of the bone is felt to roll. There is no marked depression under the acromion; or but very little, if any; and then it happens from the deltoid muscle being dragged down. The motion of the shoulder is extremely painful: and the patient has generally one or more fingers affected, sometimes contracted, at others painful only; and this depends upon one or other of the nerves of the axillary plexus being irritated by a part of the bone. The elbow admits of being moved in all directions; for there is much less confinement of the arm at the shoulder than in the other accidents of that part; however, the movements are very painful. The diagnostic signs of this accident are found in the head of the bone being in its cavity; in its being unaffected by the rotation of the elbow; in the point of the fractured neck being felt under the pectoral muscle; and in the surgeon being able to move the arm much more freely than in the other fractures of the neck of the bone.

* * * * *

"In the treatment of this case, the splints, the clavicular bandage, and the pad in the axilla, are required; but, above all, it is necessary to permit the arm to hang by the side, unsupported at the elbow; so as to let the weight of the arm be a constant source of extension upon the broken end of the bone. Mr Tyrrell informs me, that in a case of fracture at the tubercles, he found that the bone best maintained its natural position by its being raised and supported at a right angle with the side, by a rectangular splint, a part of which rested against the side, whilst the arm reposed upon the other part; and, until he made use of this plan, he could not succeed in removing the deformity, or in keeping the bone in its place."

UNIVERSITY COLLEGE.—The council have received notice from Mr Lievies, of Chester terrace, Regent's park, the heir and executor of the late G. Longridge, Esq., of Gateshead, of a bequest from the latter gentleman of 1,000*l*., free of legacy duty, to be applied as the council may think best. [This bequest, making 21,000*l*. in a few months, will astonish the King's College party.]

CRITIQUES ON THE CORONER.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I trust you will not allow to pass unnoticed some of the Coroner's unprofessional, not to say unfeeling remarks, to Mr Watkins, a respectable surgeon in Marylebone (see 'Morning Post,' 13th ult.), "that if he (Mr Watkins) was called to another labour-case when he was summoned as a juror by him (query, by what law?), he might send some other person to attend for him. Every medical man, except Mr Wakley, knows and feels the effect that would be produced in five cases out of six, upon a woman in labour, expecting her own medical man to attend her, and seeing a stranger enter the room for that purpose. Mr Wakley cannot fail seeing that, within the last six months, his 'Lancet' has fallen off wofully; and his conduct on the occasion of the late inquest will, I venture to affirm, at least detach one-half of his medical subscribers. I sent for two copies of the 'Secret Memoirs of the House of Argyle, illuminated with wood-cuts,' but was informed it would not be ready for a week, on account of the wood for the engravings having been so much charred that they required a new set. Your well-wisher and supporter, O.

GUY'S HOSPITAL.—On Tuesday, Dec. 17, Mr. Cooper operated on two boys for stone in the bladder. One boy was 10 years old, and the calculus which was removed weighed 12 drachms. The second case was a boy five years old, and the stone weighed rather more than half an ounce. The boys are going on well.

A practical work on diseases of the genito urinary apparatus has lately been published by M. Moulinie, of Bordeaux. Amongst other subjects, he refers to an inflammatory affection of the penis, which has been but slightly noticed by preceding authors. Among others, he relates one case of the kind occurring in a young man, æt. 18. There were violent febrile symptoms and great redness and tumefaction of the penis, but the effusion was evidently confined to the skin and subcutaneous cellular tissue. We remember a curious case, where the inflammatory action was chiefly confined to the corpora cavernosa. No cause for the occurrence of the disease could be assigned; but the man acknowledged that he had endeavoured to abate the state of priapism by having repeated connexion with his wife. The febrile excitement was exceedingly violent, and there was retention of urine in the first instance. Free depletion was resorted to: leeches were applied, and every kind of local application was used in turn, but without affording relief; and it was only when the man was put under the influence of mercury that the morbid state of the virile member began to subside. It is worthy of remark, that at the date of nine months subsequently to the commencement of the disease, the man's wife was confined with a fine boy.

HERNIA.—The following table of 300 cases throws some light on the relation of age with the occurrence of inguinal hernia:—

Age.	No. of Cases.	Age.	No. of Cases.
From 0 to 1	22	From 30 to 40	66
— 1 to 5	7	— 40 to 50	42
— 5 to 10	15	— 50 to 60	36
— 10 to 20	26	— 60 to 70	30
— 20 to 30	45	— 70 to 89	11

MALGAGNIE.

A rumour has been current that Mr Tyrrell is to resign his post at St Thomas's, and take the surgeoncy to the new hospital of King's College, as well as the lectureship.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

December 7.—Mr Streeter, president, in the chair. Mr Snow exhibited two singular indurated substances, like tumours, taken from the brain of a child who had died, we think he said, of anasarca supervening on scarlet fever. One of them was situated on the corpus striatum, and appeared entirely to occupy its place; the other was attached to the posterior portion of the cerebellum. She was two years and a half old, and was comatose during several days previous to her death. On a post-mortem examination being made, the ventricles were found to contain about five ounces of serum; the brain soft and pulpy; and the dura mater closely adherent to its surface. Whether the substances in question were tubercular deposits, or merely a hardening of portions of the brain, the speaker was at a loss to conjecture. Mr Roderick detailed the following case:—A gentleman, aged 28, not of the most sober habits, went to Spain some four years since, where he contracted syphilis and rheumatism. He, however, recovered; and continued in that country until December 1838, when he returned to London. Soon after his arrival here, he became affected with a painful rigidity of the neck, which gradually extended down the right shoulder and arm, rendering the latter motionless and insensible; his left arm was next attacked in the same manner. His disorder growing worse, manifesting itself in severe pains all over his body, he was obliged to be confined to his bed. Then his legs were, one after the other, seized with paralysis; motion and sensation were totally destroyed; the natural functions of the body were impaired; his respiration was unnatural, and his urine voided with extreme difficulty. Thus he remained until death put an end to his sufferings on 12th March 1839. His case was deemed so curious that an examination was decided on. The principal appearance that presented itself was a small, hard tumour on the body of the fourth cervical vertebra, involving the origins of the third and fourth cervical nerves; so that it was clear that the patient died in consequence of disorder of the spinal marrow. Mr Roderick then related several other cases, showing that paralysis in its most aggravated form may arise from the presence of morbid tumours in the bodies of the vertebræ: one case, especially, in which a small tumour was found between the seventh and eighth dorsal vertebræ, was very characteristic. Mr Farrell had had opportunities of witnessing a great diversity of effects produced by scarlet fever; among others, epilepsy and spinal irritation, besides anasarca. The anasarcous symptoms generally appeared suddenly, and before any indications of a diseased state of the kidneys. The treatment he would recommend in any affection proceeding from scarlet fever or anasarca consisted in bleeding, the exhibition of calomel and purgatives, and occasional immersion in the hot-bath; these means having, in his practice, been attended with complete success. Dr Willis looked upon the present as a most important subject, upon which very insufficient light had been yet thrown. Few diseases could exceed the fatality of anasarca, when it occurred after scarlet fever. In one parish in Southwark it destroyed no less than two-thirds of the patients! Dr W. had found diseased kidneys, and also an increased action of the heart, in the greater number of cases. The latter, he thought, might not improbably be a peculiar form of endocarditis; and those were wrong who stated it to arise from the presence of urea in the blood. The action of urea, as of urine, when injected into the veins, was to produce a comatose state, just like the action of digitalis, in repeated doses—that is, as a direct sedative. The implication of the kidneys was, no doubt, the effect of a cause; but still it must have some influence in hastening on death, especially as it was found in the greater proportion of fatal cases. The wealthier classes of society, having every comfort and luxury at their command, and able to defend themselves against all inclemencies of the weather, were almost exempt from anasarca,—the experience of the most successful physicians proved this to be the case; whilst, on the other hand, it was excessively prevalent and fatal among the lower orders. Thus, it would appear, that its occurrence depends on causes which may be controlled. With regard to the treatment, confinement till desquamation be completed is an important requisite, as directed by Dr. Wells; the natural warmth of the body should be maintained; light, nutritious food given, and stimulant food avoided; then free depletion, diaphoretics and calomel. The latter may be employed by injection with beneficial effect. Dr Willis then briefly related the case of a woman who had died of dropsy, and in whom there was such extensive effusion of serum that it extended even to the lungs. Mr Roderick observed, that peritonitis frequently existed in conjunction with diseased kidney, after scarlet fever. Mr Snow having finally replied, the society adjourned.

MEDICO-BOTANICAL SOCIETY.

YELLOW FEVER.

December 11.—Dr Macreight, vice-president, in the chair. Dr Farre exhibited a collection of drugs from Madagascar, and briefly described the same. The secretary then read a paper, contributed by Dr Hancock, on the nature and treatment of the yellow remittent fevers of the West Indies and North America. The author refers the disease to relaxation of the vessels and fibres of the body, coincident with a perverted state of the blood; both arising from heat of climate, and an atmosphere polluted by miasmatic or septic gases. Exposure to cold and moisture, too, accelerates the collapse of the cutaneous exhalents, by which the function of perspiration—so highly important in all warm climates—is arrested, and the blood thrown back upon the internal organs, causing inflammation and congestion in the spleen, liver, and other vital parts; whilst the liver, being gorged with blood, diffuses the bile throughout the system. Then arise all the aggravated symptoms, the colliquative sweats, the black vomit, and lastly, death. As it is well known that the febrile miasmata on the low marshy lands of Guiana repose near the surface, or occupy only the lower stratum of the atmosphere, the author proposed that the barracks should be elevated one or two stories higher than usual, and such of the military as have recently arrived lodged in the upper part, and allowed to go out only during the day when the breeze blows from the sea, until they have become acclimated. Thus it has been well ascertained in many of the West Indian islands, that the soldiers in the upper wards of the hospitals are very rarely attacked with fever or dysentery, even when it prevails with the utmost intensity, and that ulcers are healed there more kindly than in the lower wards. A similar mode of avoiding the plague is well known among the Turks. The author conceives that there is nothing specific in yellow fever—that it differs from the common bilious and remittent only in degree. As to the treatment, the mere use of purgatives, of calomel, julap, bark, and blisters, was found to be very ineffectual. Besides these (and depletion when the case requires it) emollient clysters, diaphoretic alteratives internally, and above all, immersion in the vapour bath, should be employed. In the latter stages of the disorder, brandy and ammonia, capsicum, opium, and camphor, together with stimulant frictions, are requisite. Mercurial fumigations will often be found serviceable. When a free perspiration is at length brought on over the whole surface of the body, the disease may generally be considered as vanquished; but a gentle moisture of the skin should still be kept up for many hours, or the symptoms may recur. A discussion having ensued, in which several of the members took part, the society adjourned.

MEDICAL STUDENTS' ASSOCIATION.

December 12.—G. D. Dermott, Esq., in the chair. Mr Carter read a paper on Animal Magnetism; stoutly defending it, as being calculated to afford beneficial aid to medical science in its application to the treatment of diseases. Mr Dermott again pointed out certain abuses of the Anatomy Act—its unfair execution—its supplying particular schools with an undue proportion of subjects, and leaving others destitute thereof—and, lastly, its allowing teachers in the country to register, uncontrolled, the subjects for themselves; and he concluded by observing, that no reform could, on this head, be expected, until the present Inspector, affianced as he is to the college in Gower street, should be displaced from his situation, and [illegible] or others of more fair and honourable character pointed in his stead.

[We some time since took occasion to speak favourable terms of this association; as bidding fair by keeping up an unity of interest among the medical students who should join it (and we believe all would do so) to assist in the consummation one good work—the removal of all impediments the easy acquisition of professional knowledge. Since "in union is strength," we hoped that what individuals had failed to do might be achieved the collected exertions of a public body. So however, as the association has gone, we can we have been somewhat disappointed. The members appear, at best, to be lukewarm in the cause for which they are united; their zeal, in several stances, to be confined to the *caccoethes loquendi*. Trifling too often takes the place of rational profitable discussion; and their rights and interests are thus, in a great degree, lost sight of. They moreover, no measures for extending the sphere they already possess amongst the great body of students in the metropolis. All this we say in friendly admonition; for, did we not consider the objects proposed by the association as useful or important, our space might now be otherwise employed. At the same time, we do not forget what has been done—that petitions have been prepared and transmitted to the Secretary of State and the College of Surgeons, which will doubtless have the effect of hastening an alteration in the present obnoxious system of distributing subjects for dissection. Let the spirit which dictated this be promptly followed up; let emulation, and a vigorous and united determination to assist one another, be shown under every emergency, and the happiest results must inevitably follow.]

Mortality in Leeds.—At the Statistical Society on Monday evening, a paper by Mr Baker was read, containing a number of interesting facts with reference to the Vital Statistics of Leeds. It appeared that, owing to the close collocation of the manufactories, in so populous a town, as well as the extremely neglected condition of the sewerage, and the large number of streets unpaved (50 out of 58), thus allowing opportunities for every variety of filth to accumulate—the mortality, on an average, was as great as 24 per cent. In the course of a subsequent conversation, Mr Baker stated that a residence in the immediate neighbourhood of the cotton and woollen manufactories in the suburbs was considered by many, so far from being a cause of the extreme mortality, rather as conducive to health; and that certain practitioners in Leeds were in the habit of recommending] their patients to take up their abode there!

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Navy.—Surgeons: W. Hamilton, to the *Rodney*; J. W. Elliott, to the *Wanderer*; F. L. Grande, to the *Prometheus*. Assist.-Surgs.: J. Davidson, to the *Nimrod*; R. A. Bankier, to the *Pelorus*, vice Nation, invalided; and Lillie to the *Melville*. Naval Hospital: The duties which have hitherto devolved upon Mr Mortimer, Surgeon of Haslar Hospital, are to be divided between that gentleman and Dr Liddell, from Malta Hospital, who is appointed Second Surgeon at Haslar; Mr W. Martin, Junior Surgeon and Medical Storekeeper, is appointed Surgeon of Malta Hospital; Mr J. Allan, of the *Benbow*, succeeds Mr Martin at Haslar; Mr Sather, Assist.-Surg. of the Dock Yard, Portsmouth, is appointed to the *William and Mary* Yacht; and Mr Mason, Assist.-Surg. of the Ordinary, succeeds Mr Sather.

Apothecaries' Hall.—The following gentlemen passed on Thursday, December 12:—Alfred Octavius Leete, Thrapston; John Coleman, Dover; James Wiltshire, London; John Whitmore, Worthing; Henry Hare, Richard Axford, Bridgewater.

The Dublin Medico-Chirurgical Society, established by the Medical Students of Dublin, and conducted by them exclusively, held its first meeting on Monday, the 11th of December.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CLINICAL LECTURE ON DISEASES OF THE BREAST, BY MR BRANSBY COOPER, DELIVERED DEC. 7, 1839.

GENTLEMEN,—I have, to-day, to direct your attention to a subject which, from its interest and importance, demands your most earnest attention—the diseases to which the breast of the female is liable. These diseases require full investigation, not only from their constant and daily occurrence, but also as, though observed from the earliest ages of surgery, there is nothing more difficult than to form a correct judgment as to their nature. I must refer you to the graphic description Sir Astley Cooper gives of the feelings of horror and dread with which the female sex regard cancer. He describes the trembling patient entering his room with fear and hesitation, distress depicted on her countenance, advancing towards him, and struggling between modesty and duty, baring her breast and saying in faltering accents, "Sir, I'm afraid I have a cancer in my bosom." Perhaps he was enabled to say, "This is not a cancer, never was, and never will be," and then the poor creature bursts into tears, and offers a spontaneous and heartfelt thanksgiving to the Almighty, that she has been spared from a horrible and agonising death.

The most experienced practitioners will often be deceived in their diagnosis of the nature of mammary tumours. A tumour having all the stony hardness of the true scirrhus, and so much resembling the malignant disease, that the most unfavourable prognosis has been given, will sometimes spontaneously take a healthy action, and the organ be restored to its normal state. On the other hand, a tumour, apparently the result of simple chronic inflammation, will suddenly take on malignant action, and ultimately prove fatal. Thus there is much incongruity and acknowledged difficulty in the diagnosis of simple diseases from those which invariably and inevitably destroy life; and after having read the many excellent works on this subject, dissected tumours after their removal by operation, as well as having examined the different preparations in the museums of this and other towns, it must be allowed that much yet remains to be done before our knowledge of these diseases will be perfected. Sir Astley Cooper has classified the various affections of the breast in his work on that subject, and if the distinction he has made were invariable, or if it were possible to lay down certain definite rules, applicable to every case, the treatment of these diseases would be rendered much less difficult. I cannot but confess that all writers on this subject appear to me to have committed the same error in treating on the organ as if it were composed of one homogeneous mass, while on the contrary it consists of various structures, each being liable to peculiar diseases, whether the result of common or specific inflammation: hence the breast may become subsequently affected by diseases set up in the skin, as we frequently find from the irritation produced in some parts of that tissue during the periods of suckling, when inflammation of the follicles, and the whole apparatus connected with the nipple, frequently become the subject of disease, which may subsequently, in persons of a malignant diathesis, induce malignant disease. Again, the encysted and steatomatous tumours and the chronic abscess are rather to be considered as diseases of the cellular and adipore tissues than of the mammary structure, while the fungoid disease usually arises in the fibrous tissue covering the gland, and scirrhus is more frequently seated in the glandular structure itself. This shows that these tissues are all as essentially dissimilar under diseased action as they are in the offices they are destined to perform in health. One of the most common causes of simple inflammation is a blow; this will probably affect the skin and subcutaneous cellular tissue, and the object of treatment evidently is, by leeches and local applications, to subdue it, and prevent its extension to the more deeply-seated structures. The secretion of the follicles may be altered by irritation excited around the nipple, as by a child sucking. If the cause continues, if the source of irritation be protracted, the mischief extends to the cellular tissue, the ducts become obstructed, and the whole breast, tender, swollen, painful, and distended with milk, is presented to you, every one of its component structures being now affected; so great may be the effects of a cause so apparently insignificant. A blow may produce either acute or chronic inflammation. The acute may be subdued as I told you, or may go on to the formation of abscess. Under inflammation adhesive matter is thrown out, and the chronic tumour is formed, its degree of hardness depending on the constitution of the patient. Sometimes they are so hard as to be regarded malignant in their nature, and it has frequently occurred that, when an operation has been decided upon on this ground, another surgeon has expressed a different opinion, which the result has proved to be correct. Sometimes a very slight fluctuation may be detected, and as the simple tumour and the true scirrhus both occasionally soften down in the centre, it may lead to some difficulty in diagnosis. In all doubtful cases you must pay especial regard to the history of the origin and progress of the disease and the age of the patient. Is she single or married? If a young married woman, and the tumour has followed any usual or simple cause, the prognosis will be favourable. But if your patient be upwards of forty, never married, and the tumour be deep, hard, firm, and circumscribed, and occurring without evident cause, there is too much reason to fear its malignant character. The breast has never fulfilled the offices for which it was designed by nature, and when this is the case with any organ, it is rendered liable to unhealthy or malignant action. Do not look upon cancer as something superadded to a person, something which generates in that person its own malignancy. Were this the case, and you had decided that a certain tumour was not malignant, was a mere result of simple chronic inflammation, you might give a favourable prognosis with positive certainty. But the fact is, you never can be sure that they will not put on a malignant character. There are some constitutions in which any common inflammation is liable to run on into malignant action—there is a constitutional malignant diathesis—not something superadded to a patient, but a disease innate, sown, bred with her. It may remain quiescent for years, but when any exciting cause occurs, it serves as a spark to the train of destruction. There is nothing inherent in any of the structures of the breast, more than of other parts, to make them so frequently the seat of malignant disease. We must look to the high organization of the breast, the intimate sympathy it has both with the natural functions and the varied diseases of the uterus, and the complication of the apparatus necessary for the formation of the only fluid which contains all the elements necessary for the nutrition of the animal body. A peculiar adaptation, I say, is necessary for this; functional derangement is very liable to occur, and usher in organic disease. The most important practical inferences may be drawn from these considerations. If the tumour of the breast be a mere external sign of a malignant constitutional disease, what do you effect by an operation? I believe, from all that we can learn of those who have had most experience on this point, that females do not generally live more than three years after the extirpation of a scirrhus breast, whereas we all know they may endure the evil much longer, if the operation be not performed. If the patient be kept quiet, leeches and fomentations occasionally applied, pressure and every other source of irritation avoided, the disease may remain quiescent for years.

I have now a lady under my care, who was sent up to London by a very excellent surgeon of Bath. She put herself under my care, but also wished to have the opinion of two other surgeons here. We all agreed that the disease was malignant, but I differed with them as to the propriety of removing the tumour. I did not believe her to be capable of sustaining an operation of which she had great mental horror, and therefore recommended palliative means to allay local irritation, and constitutional remedies to allay irritability and improve her general health. Notwithstanding the unfavourable period of her life, her age being 45, and a single woman, and every sign physically indicative of cancer being present, still I was pleased to find that the dread of the operation being removed from her mind, her general health improved, and now there is not a vestige of the hard tumour. The breast, however, presents an appearance I never saw before—there is a deep fissure crossing it transversely, and dividing the gland into an upper and lower portion; the nipple being retracted in to the centre of the fissure. The general health of the lady is good, and she returns to the country perfectly cured by a mode of treatment I had only expected would be palliative. Here was a tumour with every character of true scirrhus, and the case opens the question whether we are right in defining malignant diseases as necessarily destructive of life, or whether there was some undefinable distinction between this tumour and the malignant disease it so closely resembled. It may be fairly asked then—is the operation never to be performed? And this question really becomes a matter worthy of the most serious consideration, for by operating, you are only taking away the external character, the outward sign of a general constitutional disease, the seeds of which remain implanted in the constitution liable to be called into action by the slightest exciting cause. I believe the operation to be almost solely applicable where ulceration has begun, and there is severe pain, with profuse fetid discharge. Here life is scarcely desirable, and you may then operate not so much to prolong life as to relieve suffering.

Well, the lady's case of whom I have first spoken shows you that a tumour, with every character of malignant disease, may be absorbed. On the other hand, I know a surgeon who lately wrote to another—"Dear Sir, I shall be glad if you will give an opinion as to the nature of the disease from which the bearer is suffering." The answer was, "The disease is not malignant, it is a simple tumour, and if removed, will be sure not to return." The operation was accordingly performed, the true malignant ulceration was set up within three weeks, and death soon followed. Now, I am just going to speak of the case of the poor woman on whom I operated on Tuesday, and you will think, perhaps, that there is some discrepancy between my practice and the principles I have just been advocating. But there were circumstances in that case not only morally just, but necessary for us to consider. From her station in society it would have been absurd to tell her to sit still all day with her arm supported from her side, avoid all sources of irritation, and apply a few leeches occasionally. She had to get her living by her own exertions, and we could not treat her as a fine lady. Besides this, the tumour scarcely appeared of so decidedly malignant a character as it has proved to be on dissection. However, my colleagues all agreed in the propriety of the operation, and I accordingly performed it.

Jane Cox, aged 52, was admitted with scirrhous Nov. 15, 1839, small, slender, thin, and delicate person, of nervous temperament. Now it is a remarkable circumstance that in such persons mammary tumours are more firm and marbly than in those of a more vigorous make. This is not merely because there is less fat, but the tumours appear more insulated, so that it often appears merely as if just under the skin, and you would be led to think—Oh? it will only require a slight incision for its removal, but too often malignant ulceration follows, unhealthy granulations shoot up, and the patient who might have lingered on for years without the operation, too frequently falls a sacrifice to the additional irritation. The general health of this woman had been good, though subject to hysteria from 19 to 40. Menstruation had been regular, but generally continued a week; about three years ago ceased gradually Twelve months since she first observed a tumour of the size of a marble in the right breast, very hard. This remained unchanged for nine months, when, after a blow, the size increased, and the surface of the breast became inflamed and puckered, but she had no pain. On admission it was about the size of an orange, and did not appear to implicate the gland. It was moveable, and the skin was free, though puckered and adherent for about the extent of a sixpence. The veins were natural, and there was no retraction of the nipple. A small

tubercle existed between the tumour and the axilla. I ordered three grains of Plummer's pill, with five of extract of henbane, every night, and a mixture of sesquicarbonate of ammonia, sesquicarbonate of soda, rhubarb, tincture of cardamoms, and mint water, three times a day. Ointment of iodide of potassium was used locally. On the 18th there was some pain and inflammation, and leeches were applied. On Tuesday, 3d December, I removed the tumour, making two semi-elliptical incisions, which met at their extremities, afterwards dissecting out the gland, laying bare the fibres of the pectoralis major. The suspicious nodule was also removed. One vessel bled during the operation, but when it was completed it had ceased to do so, and the edges of the wound were accordingly brought together by means of adhesive plaster; and since the period of the operation she has been gradually improving.

Mr Cooper then commenced some observations on steatomatous and encysted tumours, but the time having expired, was obliged to defer them.

WESTMINSTER HOSPITAL.

FRACTURE OF THE BASE OF THE SKULL.

(Reported by Mr Williamson.)

John Jones, aged 60, of pale emaciated appearance, was admitted on Saturday, November 30th, 1839, at 11½ A.M. While engaged in repairing a lamp at Buckingham Palace, about half an hour before, he suddenly lost his balance, and fell from a height of about 14 feet. He was picked up in a state of stupor, from which he quickly recovered, sufficiently to enable him to walk to the hospital. On examination, there was no wound or laceration of integuments, but considerable puffiness of the left occipital region, with copious hemorrhage from the left ear. Pulse 44, a very hesitating respiration, 24, and laboured. There was slight dilation of pupils; also insensibility to any ordinary light. No relaxation of sphencters. Visible pulsation of carotids. Temperature of the skin natural. His head was shaved, and a little cold lotion applied. One M.P. Insensible. Evidently suffering from considerable internal pressure. He continued gradually sinking, and no re-action taking place, expired at five P.M.

APPEARANCES ON DISSECTION.

Half-past one P.M., Monday December 2nd, 1839. On examining the integuments and scalp, considerable œdema was present over the left side of the skull, extending backwards to the occipital spine. The integuments themselves were dark from congestion, and abundant ecchymosis. On removing the calvarium about two ounces of dark coagulated blood was seen interspersed betwixt the brain and dura mater, by which the whole surface of the left hemisphere was deeply tinged The vessels of the dura mater presented marks of turgescence over the anterior lobe of the opposite hemisphere; blood was also effused on the surface. Laceration existed at the anterior part of the left hemisphere, where two singular cavities had been formed by extravasated blood. A fracture was discovered passing entirely through the petrous portion of the left temporal bone, about half an inch from its junction with the squamous process. In its course it had divided the lateral sinus, and also the parietal bone near its lower margin, its termination was below the transverse ridge of the occipital bone, though this fissure flood had passed into the cellular tissue of the scalp. Here was a case of extensive laceration and compression of the brain, proving fatal in six hours, without *stertor, intermittent pulse, or relaxation of the sphincters*, all symptoms held to be more or less distinctive of a fatal degree of compression. The impeded and laboured action of the heart was strongly marked. The dilatation of the pupils was so slight as to admit even of some question. This forms one of the many cases, proving that we must refer to other signs than those of *stertorous breathing or intermittent pulse* for distinctive signs of either compression or lesion, however severe in degree.

Baron Spolasco.—This individual has been held to bail on a charge of forging patent medicine stamps.

ADVERTISEMENTS.

DR D. B. REID'S WORKS ON CHEMISTRY.

In 1 vol. 8vo., price 18s., pp. 950, illustrated by 600 Wood-cuts,

DR D. B. REID'S ELEMENTS of CHEMISTRY. Third Edition. This Edition has been greatly extended, so as to present a full body of Chemical Science, Theoretical and Practical. It contains—

The General Principles of Chemistry, including the Atomic Theory, Heat, Light, Electricity, Galvanic Electricity, &c.

The Elements and their Compounds, including Organic Chemistry, the Experimental Illustrations of the Lecture Room, along with the Manipulations of the Practical Class, the Preparation and Application of Tests, the Detection of Poisons and Adulterations.

The Laboratory—Ventilation of the Laboratory, Miscellaneous Apparatus, Blowpipe, Tube Apparatus, Flat Glass Apparatus, &c.

A short Introduction to Chemical Analysis, with Select Illustrations of the Examination of Air, Mineral Waters, Soils, and Minerals.

Second Edition, in 1 vol. 8vo., price 6s., sewed,

2. TEXT-BOOK for STUDENTS of CHEMISTRY; comprising a condensed View of the Facts and Principles of the Science. By D. B. Reid, M.D., Lecturer on Chemistry, Fellow of the Royal College of Physicians, formerly Senior President of the Royal Medical Society, &c. &c.

M'Lachlan, Stewart, and Co., Edinburgh.

REID'S MEDICAL BOTANY.

Second Edition, in 12mo., with Plates and Wood-cuts, price 9s., greatly enlarged,

OUTLINES of MEDICAL BOTANY; comprising Vegetable Anatomy and Physiology, the Characters and Properties of the Natural Orders of Plants, and Explanation of the Linnean System of Classification, and Tables of Medicinal Plants, arranged in their Linnean and Natural Orders. By Hugo Reid.

"Decidedly the best introductory work on the subject."—Medico-Chirurgical Review.

"A very good little book, well timed, and well executed."—Medical Gazette.

"An elementary work on Botany, for the use of Students of Medicine, for which purpose it is well adapted."—Edinburgh New Philosophical Journal.

M'Lachlan, Stewart, and Co, Edinburgh.

Just published, roan tuck, price 3s. 6d.,

THE MEDICAL POCKET-BOOK, for 1840; containing an Almanack, Space for Memoranda, and a great variety of useful Information for the Medical Practitioner. By John Foote, M.R.C.S.

London: John Churchill, Princes street, Soho.

SKEY ON ULCER.

ON a NEW and SUCCESSFUL MODE of TREATMENT Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By Frederic C. Skey, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

In 8vo., with forty-one finished Wood-Engravings, price 12s.,

A TREATISE on the NATURE of CLUB-FOOT and ANALOGOUS DISTORTIONS; including their Treatment, both with and without Surgical Operation; illustrated by a Series of Cases and numerous Practical Instructions. By W. J. LITTLE, M.D., Assistant-Physician to the London Hospital, &c.

"Dr Little's Treatise will be consulted by every operator, and is unquestionably one of the most useful books of the season."—London Medical Gazette.

"We recommend Dr Little's Treatise to the attention of surgeons and heads of families."—Lancet, Nov. 9, 1839.

W. Jeffs, 15 Burlington arcade; S. Highley, Fleet street.

Fifth Editions of the following Works on Ophthalmic and Aural Surgery, in 12mo., price 3s. each, in cloth boards,

I.

ON DEAFNESS; its Causes; Prevention, and Cure. With a familiar Description of the Structure, Function, and various Diseases of the Ear.

II.

On CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with references especially to a peculiarly mild and successful Operation, applicable to every stage of the Disease, and at any period of life.

"Mr. Stevenson's Treatises on Deafness and Cataract," observes the last Number of the Monthly Chronicle, "have severally reached the fifth edition, which may be accepted as a satisfactory evidence of their utility. They are written with a degree of perspicuity unusual in medical books, and are equally worthy of approbation for the popularity of their style, and for the fulness of their professional knowledge."

S. Highley, 32, Fleet street; and may be had of all other booksellers.

Just published, price 5s. plain; 7s. 6d. India,

Dedicated by Permission to the Right Hon. Lord Henry Brougham and Vaux,

SPECIMEN of ORNAMENTAL WRITING, DESIGNING, and ENGRAVING; with a PORTRAIT of G. BIRKBECK, Esq., M.D., F.G.S., P.L.M.I., P. Metzor, L.S., &c. &c. By Christopher Bunning, jun.

Sold by R. Ackermann and Co., 96 and 97 Strand, London; C. Bunning and Son, 27 Bedford street, Covent garden.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen; ditto ditto, with Fronts, 1l. 16s. per dozen; Wove or Knitted Silk, 1l. 7s. per dozen; ditto, with detached bandage, 1l. 16s. per dozen; India Dimity, with real China Net Silk Purses, 2l. 8s. per dozen; ditto ditto, with Elastic Springs, 3l. 12s. per dozen; Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

A. F. HEMMING, 341 STRAND, opposite Somerset House, begs to call the attention of Medical Profession and the Public to the following, among articles of his manufacture, as being far superior in quality, at considerably lower prices, than those generally made—viz.

Trusses of all Descriptions, either with or without his Improved Self-adjusting Ærated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

Just published, price 12s. 6d. bv. J. CHURCHILL, Princes Soho,

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and Mr W. [illegible]

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

EXTRACTS FROM REVIEWS.

"This is another desideratum in medicine, a most useful compendium for students, and an excellent manual for reference almost every interesting subject connected with anatomy and surgery."—Literary Gazette.

"This is a most valuable epitome of anatomy, surgery, physiology, and will be found to be of much service by the student who is about presenting himself for examination at the college. It 'gathers together' the most valuable information to be had more systematic works on the above subjects, and that systematically, as to contain most useful matter in every line. Student should go up without consulting this work."—Medical Times.

"The manual above mentioned must be a great treasure to a student. This is by far the most complete volume we have seen as a guide for students, embracing in a succinct and well-arranged form, the most important points of Anatomy, Surgery, and Physiology. It is rendered fit for the country practitioner, who carefully peruse its pages, and thus refresh his memory with the essentials of his profession, with which he was familiar in the days of his youth."—Monthly Magazine.

"The reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a 'Manual for the College,' the book will prove of service to the student after he has obtained the diploma he is so anxious to possess.

"The regional and surgical anatomy will be very useful to the student, and we may say that the 420 pages devoted to anatomy and operations may be consulted by the practitioner with advantage.

"This book will undoubtedly help a man through the college and—what is far greater praise—may teach him something afterwards."—Medical Times.

"It contains a fund of information necessary for the student to be acquainted with, and will, as a book of reference prove useful to medical men, who may need to have the knowledge of the subject of anatomy and surgery revived in their minds, be found exceedingly useful. The authors are entitled to the students' thanks, and those who become possessed of the book will not have occasion to regret its purchase."—Christian Advocate.

MR SCOFFERN continues to hold his PRIVATE MEDICAL CLASSES at No. 18 Barbican, Aldersgate street.

Terms.	£	s.	d.
Instructions for the Hall until qualified	5	5	0
Instructions for the College	3	3	0
Readings in Gregory and Celsus	3	3	0
Instruction for the degrees of B.M. and M.D.	10	10	0

Mr Scoffern will return the Fee to all those who may prefer themselves at the Hall with his leave, and are unsuccessful.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal College of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics

The above are all glazed with the clearest Brazilian Pebble, composed of pure crystal, which is acknowledged by Opticians to be the most pellucid and perfect substance that can be used in Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to £2 2s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	5	10	0
Most Improved Mountain Barometer	6	6	0
Ditto, Marine, from 3l. 10s. to			

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 Broad street, Bloomsbury, in a direct line with Holborn.

London:—Printed and Published by Sydney Smith, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 14. Vol. 1. LONDON, SATURDAY, DECEMBER 28, 1839. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

MR COLLES, OF DUBLIN.

We last week introduced our readers to an English provincial school. We now, with editorial ubiquity, are in Dublin, in the midst of Mr Coll-es's class, gazing around on the sons of Erin, of whom it is principally composed, and listening to their varied comments upon the topics which usually occupy the class Mediculus.

Enter Mr Colles, with the same plain, *broad-cast* countenance, and smooth cranium, for which he has been before celebrated. He commences his lecture. After describing the symptoms and treatment of some half-score diseases, and giving vent to a pleasing variety of "facts, fancies, recollections," he sums up in one pithy and important sentence, and, though the previous part of his discourse may have made no great impression on his hearers, this last sentence always tells—"The truth is, gentlemen, in reference to these diseases, all our science teaches is this, that we know nothing about the matter." To report his discourses would be indeed a severe task—without arrangement, abrupt, and rapid, he rushes, Mazeppa-like, from one thing to another with a degree of erratic independence more original than instructive. His teaching is of the negative kind, and he tells his class what they should avoid rather than what they should do. Ever and anon he amuses with the fierceness of his attacks upon some antiquated and obsolete point of practice, and contrasting it with some recent operation, celebrates the glories of modern surgery with a degree of satisfaction which is equally graceful and amusing. A favourite subject for his powers of reprobation is afforded when he has the opportunity of commenting upon continental surgery, and with him French and foolish seem to be synonymous terms. Still is Mr Colles a clever, shrewd, observing surgeon. Nothing brilliant, nothing showy, but observing and practical, he is the man to whom any student would resort in case of need, rather than to one who may be a greater general favourite.

Mr Colles is the oldest practitioner in Dublin. He glories in a brother, who deals in marble at Kilkenny, and a huge family, whose solidity and specific gravity almost equal that of the wares in which his brother deals. He is fond of boasting in his lectures of the difficulties he had to encounter, and the perseverance with which he met them, when a student, dwelling with much gusto on the feat of having daily travelled three miles to see the practice at Stevens's Hospital. As might be expected, Mr Colles does not wish for any change in the existing state of things, thinking, perhaps, that under a reformed medical system it would be more difficult to foist a fool into an important situation. Plodding, observant, and frugal, he has amassed a large fortune with which to endow his family; but, not content with that, he has fixed his son in the post of hospital surgeon, very soon after that intelligent member of society learned the relative position of the *glutæus maximus*. We saw him perform his first operation; and of all the bungling work ever exhibited that was the worst. The way in which this lucky son of a prudent father obtained his post may be stated. A surgeon who had considerable interest called upon old Colles, and asked whether he did not think there was plenty of employment for an extra surgeon at the hospital. Colles at once assented, advising the applicant to use all his influence to get such vacancy declared. This was done, and something more. Colles at once began to make arrangements for putting his son in the post, and directly the vacancy was made by the interest of the individual who was intended to fill it, in stepped young Colles, to the horror and dismay of the applicant and his friends.

A meeting took place at Radley's tavern, College green, Dublin, to establish a Physicians and Surgeons' Club. Those entitled by rank and standing in the profession, and respecting whose moral and professional character no doubt could be entertained, were assembled by written invitations to settle the rules of the society: those whom it might be necessary to submit to the salutary ordeal of the ballot were omitted for the present, but we understand that there is no intention of excluding any one who can establish the same right to unquestioned admission possessed by the distinguished individuals with whom the undertaking has originated.

A deputation from the Medical Association of Ireland waited on Lord Morpeth last Tuesday, on the subject of Medical Reform, and other matters connected with the interests of the profession. The following were present:—Mr Carmichael, Dr Maunsel, Dr Jacob, Dr Hargrave, Dr M'Donnel, Dr Williams, Dr Bellingham, Dr Trohill, Dr Labatt, and Dr Blakeley.—*Dublin Paper.*

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

ULCERATION AND GRANULATION.

The matter of an abscess, gentlemen, advances to the surface of the body, or it escapes from those internal cavities which have external outlets—such as those of the digestive, the respiratory, the urinary, or generative organs—in consequence of a removal of the intervening substance by the absorbents. A similar advance to the surface of the body is observed in the case of aneurism; in the progress of which not only are the soft textures which intervene between the aneurismal tumour and the external surface of the body removed, but even bones, when they come in the way of the aneurism, are removed. All matters pass away, with great facility, by absorption, Aneurism advances to the surface in the same way as other tumours formed deep in the body—that is, at a considerable distance from the external surface; they make their way outwards by the gradual removal of the parts which cover them. This is not only the case in tumours which form in the soft parts of any of the limbs, or of the trunk, but even in those which form in the *interior* of the cavities, For example: if a tumour forms on the surface of the dura-mater, although the progress externally is resisted by the skull, it will cause absorption of the bone, and come through. In all these various cases there is a gradual removal of the parts which intervene between the disease and the external surface, or between the disease and the surface of some one or other of the mucous cavities of the body. The parts are removed by absorption. This particular process is what is called by Mr Hunter "*progressive absorption*;" it is the removal by the absorbents of the intervening parts in the progress of the disease to the surface of the body. The removal of the parts by absorption, in this case, is preceded by some degree of inflammation—that is, there is some previous thickening and consolidation of the textures, which are afterwards to be removed by the absorbents, so that the abscess or aneurism remains entire. There is no escape of matter from the cavities into the textures that are progressively removed. The contents of the aneurism, or abscess, are retained in the cyst, even during their passage through the intervening textures, owing to the parts by which they advance being consolidated by a slight degree of adhesion which precedes the absorption.

A portion of the substance of the body may be removed, so as to occasion an external breach in the surface, or a portion of the surface of some internal organ may be removed in the same kind of way. The same process is observed in the separation of a slough from the contiguous living parts. You find that a grove takes place first along the margin of a dead part; that this becomes deeper and deeper, and at last it extends throughout the whole depth of the mortification, so as completely to separate the dead part from the living. This process is called by Mr Hunter "*ulcerative absorption*,"—that is, the removal of a part by the absorbents, where an external breach of the surface is produced by the loss of substance; or simply, it may be called *ulceration*. Now this kind of absorption, like the former, is preceded by inflammation. The part is first red, hotter than usual, slightly swelled—intersticial deposition takes place in it, by which the textures are consolidated and thickened, and by which the blood-vessels and absorbents, which, in the progress of the absorption, will afterwards have to be separated, are completely blocked up. Now in ulcerative absorption—that is, if the process take place in the course of the blood-vessels and absorbents which are in part to be removed, they must be divided, and the adhe-

sive inflammation which precedes the act of ulcerative absorption obliterates those vessels, so that no escape of fluids takes place, though the process of ulceration actually divides them. Now in the case of ulcerative absorption, there is a formation of matter in the breach of the surface, which is produced by it; and that circumstance distinguishes this from the preceding case of progressive absorption. In progressive absorption there is no formation of matter as the parts are removed, nor is there any in what Mr Hunter called *interstitial absorption*. But in ulcerative absorbtion—that is, where a part of the body is removed, so as to produce an external breach, or loss of surface—there the removal by absorption is accompanied by the formation of matter in the surface that is thus made. Ulceration, then, may be stated generally to be the removal, by the absorbents, of a portion of the body, causing an external breach of the surface, or a *solution of continuity*, as it has been technically called, and accompanied by the formation of matter.

The process of ulceration, and the circumstances under which it arises, as well as the general phenomena of event, are very various. These varieties depend on differences of structure in the parts which are the seat of ulceration—on differences in the nature of the inflammation which produces it—that is, whether it is common or specific; and on differences in the constitution and state of health of the individual who is affected. All the textures of the body are susceptible of ulceration. We see this exemplified when mortification has attacked an entire limb, and when the separation takes place by a natural process. Suppose, for instance, the foot and lower part of the leg were mortified, and the mortification stopped at the middle of the leg; you would see that skin, the cellular membrane, the fascia, the muscles and tendons, blood-vessels and nerves, and, lastly, the bone itself, are all penetrated by the process of ulceration. A grove forms on the external surface, and extends through all the parts in succession; and finally will separate the bone itself; and thus you have a kind of natural amputation performed by the process of absorption. The ulceration acts externally upon the skin first, then through all the soft parts, and subsequently through the bone; so that you see the whole of the tissues that enter into the limb are liable to absorption. But all parts of the body are not *equally* liable to it—the *skin* is most prone to ulceration. Hence the great variety of ulcers we have an opportunity of seeing on the external surface of the body. The mucous membranes come next in order; then the cellular tissue, the bones and articular cartilage, and although, from the conformation of these textures, you might suppose they were not so likely to ulceration, yet they are frequently attacked by it. Fascia, tendons, and ligaments, are perhaps the textures which least readily run into ulceration; and hence it is that, in the progress of matter to the surface of the body, when an abscess take place under them, they do not yield readily to the ulcerative process.

I have already mentioned that ulceration is preceded by inflammation of the part. We find that a state of inflammation, and generally considerable pain, precedes the formation of an ulcer in any part of the skin. The skin becomes red, preternaturally hot, more or less swelled, and then we find that it begins to ulcerate at one or more points. We observe that the cuticle becomes loosened; or perhaps it may be elevated into small vesicles on the part. The cuticle thus detached assumes a whitish appearance, and the part is apt to take on a livid hue. When the detached and loosened cuticle is separated, we see a visible breach in the surface of the skin. There is a more or less deep excavation, in consequence of the removal of a part of the cutaneous texture. There may be one spot, or several contiguous spots; in the latter case they join together, and form one common ulcerated excavation; and this extends in circumference and also in depth—that is, it becomes larger in all its dimensions. We find when we examine the parts, that so long as the absorbent process is going on, and before the process of restoration has commenced, there is a manifest excavation or loss of substance. We see clearly that some portion of the body is removed, there is a chasm, and this chasm shows the nature of the process by which it has been effected; it has a kind of irregular appearance, and the textures of the body which are exposed by the extension of the ulcerative process are, in some measure, partly recognizable at the bottom of the ulcer. The surface of the ulcer is, perhaps, of a dirty whitish or yellow hue. There is sometimes the appearance of fibres, or threads on the surface, and they are generally covered with a thin serous and sometimes rather bloody fluid. The edge of the ulcerated excavation is sharp, and defined on the margin of the skin, which is red, hot, and painful. This is the appearance which an ulcer exhibits in a spreading state as long as ulceration is going on, and before steps are taken to repair the mischief it has produced. Unless the process of ulceration is put an end to, it soon goes through the skin, and destroys it. It then makes a chasm in the cellular membrane it may pass through, and affect the subjacent soft parts; and, in fact, there is no limit to the extent to which it may go if the process be not arrested.

When the process of inflammation is checked, and when the removal by ulcerative absorption of the constituent textures of the body is put an end to, then we have the *restorative* process by which the breach is to be filled up. The process of restoration is accomplished in nearly the same way under four different circumstances; that is, *first*, in breaches produced by ulcerative absorption in the external surface of the body; *secondly*, in the ulcerative surface which is produced after the separation of a slough; *thirdly*, in the exposed cavity of an abscess, when this has been opened, or when it has become exposed by bursting; *fourthly*, in ulceration on the surface of wounds in which there is loss of substance, or where the sides of the wound are not brought in contact. The process of restoration, by which the surface is restored in each of these four cases, is essentially the same. The new matter by which the chasm is to be filled up consists of a soft red substance, which, on the surface, is elevated into small red prominences, of a roundish or pointed figure, differing in size, and these, as I have mentioned, are kept moist on the surface by a secretion of pus. These small prominences are called *granulations*, and the process itself, taken altogether, is termed *granulation*. Although the secretion of pus is a common circumstance in the process of restoration, by which the chasms produced by ulceration are to be supplied, I believe we cannot say it is an universal one. It takes place in a great majority of instances, but I believe that in the case of ulceration of the articular cartilages of bones no secretion of pus is to be observed; and in ulceration of the cornea we cannot observe anything like the secretion of pus. The presence of pus then is not a circumstance that can be admitted into the definition of ulcer. The definition of ulcer must probably turn merely on the breach in the surface of the body or of any organ—the chasm or solution of continuity that is produced by ulcerative absorption. We may, however, add, that the circumstance, in the majority of instances, is attended with the formation of pus.

Now the explanation of the restorative process is this: coagulated lymph is effused on the surface of the chasm or ulcer, and this coagulated lymph speedily becomes organized; that is, the blood-vessels, and absorbents, and nerves, are prolonged into it; and in this manner the surface of the body, where it has been interrupted by ulceration, is regenerated. Here you see the process is similar to that which goes on in inflammation. I have mentioned that under inflammatory action, coagulated lymph is effused into a part; that the lymph is a receptacle in which blood-vessels, absorbents, and nerves are formed; and thus the parts are thickened or increased in bulk. In the process of granulation, by which ulceration is to be healed, you have the same circumstance; that is, you have effusion of lymph on the surface of the body, and you have blood-vessels, absorbents, and nerves extending into it; so that the process, in this view of the subject, is similar to that which takes place in inflammation; in fact, they are hardly to be distinguished from each other. You will not be surprised to find that increased action in the neighbourhood of the part goes on. The surrounding parts are redder than the rest of the limb, and th is sometimes a sensible increase of heat in part.

Lymph is but the basis of that soft reddish stance constituting granulations, by which are to be healed. I have mentioned to you soon after this is deposited in the sore or ulce shows blood-vessels, absorbents, and nerves, so it becomes regularly organized. Respecting existence of blood vessels in these granulati you can be but a little at a loss for a proof looking attentively on the surface, you can blood-vessels in the granulations with the na eye; and if you employ a slight magnifying pow you see them in great abundance. We have evidence also of blood-vessels in the new par the pus which the granulations are capable of nishing. It is equally clear that these granulati possess *absorbents*. Frequently the granulati diminish in size, or are entirely removed from surface; and we find, that by absorption, cer medical substances applied to the sore pres their peculiar effects just the same as they wo if taken into the stomach. Thus, if mercury applied in the form of ointment, or in other shap to an extensive sore, as in that of red precipitate, sometimes salivates persons in consequence of being absorbed. The existence of *nerves* in gran lations is abundantly manifested by the pain. It quently a very acute pain is produced by offerin any violence to them; in fact, a granulating su is a very sensitive surface. Although the part newly formed that has thus, as it were, sprung in the body, yet in two or three days you find th it has a supply of nerves which will render it very sensitive texture indeed; so that the pers will sometimes experience acute pain from the slightest touch of these granulations.

This effusion of coagulated lymph, then, is or ganized; that is, penetration by blood-vessels, ab sorbents, and nerves, takes place in a shorter time than we might expect; in fact, so short *is the time* that we are at a loss to account for the *mode* in which the process is effected. When we look at the blood-vessels, and see these produced in twenty-four or forty-eight hours, we are at a loss to explain the mode by which this organization of the coagulable lymph takes place; indeed, we do not know whether the vessels are newly formed in the granulations, or whether it is an extension of the vessels from the surface on which the lymph is deposited; and we are equally at a loss to know how these granulations acquire their supply of nerves. These are points on which at present we possess no clear or distinct information. When two granulating surfaces are brought together, and kept in contact, they will unite; the vessels belonging to them assimilate and grow together. The union sometimes takes place rapidly. I remember an instance of a patient brought to this hospital in whom a considerable flap of the scalp had been detached by an accidental wound. It was necessary to apply a poultice to the part in consequence of the injury the surface had received. After a time, under the application of a poultice and other means, the bruises on the surface became clean, and formed a granulating surface. There was now a flap on the scalp, the internal surface of which was regularly granulated,—and there was a corresponding granulating surface on the skull, to which it could be applied. The flap was placed in direct opposition on the surface of the skull which had been denuded, and in twenty-four hours from being so applied, it stuck—to use a common expression—as close as wax; the union of the two in twenty-four hours was quite complete. We had another instance of the facility with which opposed granulating surfaces become united together, in some accidents happening to the eye. When an acrid substance, such as lime, is thrown in the eye, it affects both the surface of the globe of the eye and that of the eyelids; it produces partial death or sloughing; and, subsequently, ulceration. You have, then, a granulating surface of the lids in contact with the granulating surface of the globe of the eye; and the disposition to adhesion is so great that you often cannot by any means prevent them from growing together. I have seen instances where accidents have happened, where great pain has been given by keeping the eye-lids distended by art to

prevent this accretion, because it is attended with serious consequences, more particularly if they become united with the cornea; in which case it generally involves the loss of sight. I sometimes find it impossible to prevent the lid from becoming united with the eye in such cases.

When the granulations in an ulcer rise abundant and luxurious above the margin of the sore, it constitutes what persons, in common language, term "*proud flesh.*" When the chasm in the ulcer is completely filled up by this granulating process, then another process remains by which the surface is to be skinned over and covered. The granulations first fill up the hollow of the ulcer to level it with the surrounding sound parts; and we then find a thin small pelicle extended over the granulations from the edge of the sound skin; and when this pelicle is extended over a portion of the granulation, the secretion of pus in that part ceases. At first we observe just a margin of this kind on the very border or edge of the sore. We find the pelicle extended from the edge of the surrounding sound skin over every other part of the sore, and it gradually becomes thicker. At first there is just a thin rim round the margin, that enables this pelicle to extend in circumference towards the centre of the sore; and, ultimately, it covers the whole of the granulating surface. The secretion of pus is then entirely stopped; and, in fact, the sore is said to be healed. The process by which the skin is formed and the pelicle extends over the sore is called *cicatrization.* When the process is complete it is distinguished by something of a red colour—by a sort of compactness of texture—by the existence of certain lines and marks which connect the structure to the natural skin. That surface is called a *cicatrix,* which is equivalent to the common expression of a *scar.* The cicatrix, or scar, when it is first formed is redder, and apparently more vascular, than the surrounding skin. It is very thin and delicate, so that it easily gives way under a slight application of force, and tears or breaks. But in process of time this great redness disappears; and, in fact, the cicatrix becomes rather paler than the rest of the skin. The tenderness of the part, which renders it liable to break or crack, is lost; and it becomes harder, and unites more closely together. The ultimate stage of the cicatrization, or formation of the scar, is its losing the peculiar characters which distinguish it from the surrounding skin, so that it is difficult to trace it. The pelicle successively undergoes absorption; and the consequence is, that the surrounding sound skin is elongated and drawn gradually towards the centre of the sore. The granulations are absorbed successively, in proportion as the cicatrization forms over them; and thus the surrounding skin is gradually drawn towards the centre of the sore, becoming, at the same time, more or less puckered in consequence of this drawing together. The effect of this conjunction is to render the cicatrization not more than one-third or one-fourth in extent, compared with the original size of the sore. Thus, a sore that may have been four inches in length, when effectually healed, will finally be reduced to two inches, or one inch in length; and will be proportionably reduced in all its other dimensions.

Now this is a circumstance of great consequence, because the cicatrization which remains after the ulcer is a part of weaker vitality than the natural surface of the body. Hence it is of course a great object to have the weaker part as little extensive as possible. This absorption of the granulations, and consequent contraction of the scar, and the drawing of the neighbouring parts of the sound skin over the ulcer, accomplishes a very useful end. We see, then, that the granulations which have filled the sore during the healing process serve the particular purpose of accomplishing this restoration, and then they are removed. They seem to constitute a kind of temporary structure, and are organized until a certain purpose is advanced, and are removed as soon as that purpose is answered.

Now a question has arisen respecting the degree in which the lost parts of the body are reproduced. When surgeons observe a large excavation in a limb, produced by ulceration; when they see granulations arising in it, and filling up the cavity; and the surface then completed by cicatrization, they conclude that the substance that has been lost in consequence of ulceration, and is restored, is reproduced by granulations; and have fancied that in such cases the particular texture—that which had been removed in the procese of ulceration, is restored in this way. For instance, that muscle was deposited if muscles had been removed by the ulcer; cellular, or serous membrane, where such had been removed, &c. Others take a different view of the subject, and have stated that the filling of the chasm in these cases arises from the subsidence of the parts which are preternaturally swelled around; and have even denied the process of reproduction altogether.

That reproduction takes place to a certain extent there can be no doubt, for we see a quantity of new substance, under the term granulation, deposited in the cavity of the ulcer, and filling it up. That there is a deposition of new matter, to a certain extent, cannot be contested. However, the limit of reproduction is easily ascertained in the human body. No *entire* part is reproduced when once it is lost: the only exception is in the case of the large bones of the body, the shaft of which may be entirely reproduced; which appears in the case of necrosis. I do not know a case in the body in which an entire organ or part is reproduced. We see that, when a finger is cut off, it does not become formed again; or if we cut off a particular part, it is not reproduced. In this respect man, the more complicated animal, differs materially from those of more simple structure. In the lower class of the animal kingdom we find that the reproductive power extends to the restoration of entire and even complicated organs. It is well known, with respect to the crab and the lobster, that one of the great claws of these animals can be reproduced when it is separated, and that fresh claws sprout out from the situation where the original ones had been detached, being first small, and gradually growing larger. Thus entire parts are reproduced in the case of some of the lower animals—such as some of the moluscæ and reptile tribes; and even complicated organs can be reproduced in this way. But in the case of the superior animals no complete organ, when removed, can be restored.

Parts that are divided can be *re-united,* and the substance, or medium of union, though not exactly corresponding with the original tissue, answers all the puposes of it. A divided muscle, for instance, may have the ends united by new matter, which we recognize when we look at it as something different from the fibrous texture of the original, and it is the same with respect to the tendons; but the muscle and tendon is capable of exerting the same power as formerly. Even cartilage can be reunited.

Farther, the breach that is produced by ulcers can be filled up, and the surface of the body covered by a material that answers all the purposes, though it is not exactly like the natural skin. You can distinguish it by the appearance of a scar or cicatrix upon the external texture of the skin, but the surface thus formed answers the needful purposes. But although the breach of the ulcer is filled, although the loss of substance on the surface of the body is renewed, you do not find that any of the textures that have been destroyed in the course of the ulceration are reproduced. For instance, if the cellular membrane between the skin of the thigh and the fascia be lost in the course of ulceration, the skin is aftewards closely adherent to the fascia, instead of being separated, as in the natural state. If the skin and fascia be both destroyed, then the cicatrix becomes fixed to the muscles; and in the same way, the skin, or muscle, or both, become firmly fixed to the bone.

With respect to the *treatment* of ulcers under the circumstances now mentioned, it is necessary, in the first place, to remove the inflammatory disturbance on which the commencement of ulceration and its progress depend. Together with the measures necessary for that purpose, you probably find it expedient to cover the part with a soft poultice. When the inflammatory disturbance is at an end, and when the process of reproduction has commenced, really the surgeon has not a great deal to do: nature performs the restoration, and it is enough, perhaps, for us to take care not to do any thing that can interrupt her operations. The part must be kept at rest, and covered in such a way as to protect it from any external influence that might be injurious; it should be covered with a soft poultice, such as bread or linseed. When the process is advanced, these may be supplied by a simple dressing, such as lint plain, or covered with a simple cerate ointment, confined with a proper bandage. This is pretty much what is necessary in the treatment of ulcers generally, and this turns on two points—first, on removing the inflammation, which is the cause of the ulcer, and next on keeping the patient quiet when nature is performing the necessary process of restoration. In respect to the latter point, I need not observe (for it is a rule that belongs to the treatment of all cases) that you must pay much attention to the diet of the patient, giving him those things that will tend to keep him in the best possible state of health.

I should have observed, in speaking of the process of granulation, that a certain degree of exposure of the surface to the air is necessary for its successful prosecution that an entire abscess does not granulate; but when the abscess is come to the surface of the body, and when it has been opened or become exposed by the natural process of ulceration, granulation will commence in it. It never begins to granulate so long as it remains entire. In the same way sinuses do not granulate with facility. While sinuses remain entire, we find it difficult to produce healing. But if we slit up the fistula, so as to make an external surface, granulation then commences, and when it does this we fine it necessary to keep the part moist by a soft dressing, in order to prevent it from uniting at the sides before it unites at the bottom. Hence we find, when abscesses extend deeply, they heal with more difficulty than when they are seated superficially. If an abscess is just under the skin, it heals readily in a short time; but if the abscess is seated deeply—that is, if it be deep in the substance of the limb—then the process of healing does not take place at all readily. It will continue for a long time fistulous, and difficulty is experienced in bringing it to a healing state; so that a certain degree of exposure is necessary to the formation of granulations. When I say a certain degree of exposure, you are not to understand that the part is to be left exposed to the air, or external influence, but I mean it must be left on the surface of the body. You must protect it from the air, which alone, in the tender state of the wound, might interfere with the process of healing.

A VOICE FROM THE COMMONS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—Your correspondent was correct in what he states of Sir William Molesworth *cutting* the Middlesex Coroner. But your readers, in appreciating the character of Mr Wakley, might like to know that the baronet is not the only M.P. who *cuts* the Finsbury M.P.*iric.* Being pretty regular in my attendance on the House, I have been much struck with the cool way in which most of its members pass by Wakley and keep out of his orbit—and, unless a few of what I may call the tag-rag and bob-tail, I have scarcely ever seen him acknowledged by any. He is by no chance ever admitted into their private society. His political career has been a complete failure, and it is likely it will soon expire. All his *promises* as a medical reformer have been *fudge,* for he has literally done nothing; and as a legislator he has had neither the education nor the industry to obtain useful knowledge on any one subject. He is an excellent contrast to his co-M.P., Duncombe, for Tom is the *ne plus ultra* of elegance, high-breeding, and acute knowledge of the world. Your very obedient, M. P.

Scientific Honours.—Dr Faraday, Dr Golding Bird, and Professor Phillips, have been elected corresponding members of the Philosophical Institute of Basle.

SPIRIT OF THE MEDICAL PRESS.

ON THE PHYSIOLOGY OF THE IRIS. BY JAMES BOLTON, M.D., OF BALTIMORE.

By what means are the contraction and dilatation of the pupil immediately produced? The only modes of explanation adopted at present are the two following: the one that it is an erectile tissue, and the other that it is muscular, and composed of two sets of fibres, one radiating and the other circular. The first mode I do not think at all satisfactory, and its advocates are far less numerous than those of the second. The motions of the iris are by far too rapid to be accounted for in this way, and no contrivance has ever been discovered by which its sudden injection with blood and the sudden withdrawal of the blood can be accomplished. The dilatation of the pupil, when the head and face are gorged with blood, as in apoplexy, and the effects of injuries of the brain and its contraction when these are relieved by bloodletting, I consider an insuperable objection to this theory. Brodie has frequently observed the dilated pupils to contract after the abstraction of blood in cases of compression of the brain, and to dilate again as soon as the immediate effect of bloodletting had ceased.

We consider the point settled, that the iris contracts by a sphincter muscle. The only point then remaining to be settled is how the dilatation is produced. The advocates of the muscularity of the iris have generally considered that the dilatation must necessarily be produced by the same cause as that which produces contraction. It is true that many distinguished anatomists have admitted a set of radiating fibres, but we should be cautious how we attribute muscularity to any organ merely because it is fibrous. The cellular tissue may be drawn out into fibres, fasciæ: tendons, nerves, &c. are fibrous, but they are not therefore muscular. But, besides having a fibrous structure, the iris dilates: and these two circumstances, so far as they go, show that it possesses a set of radiating muscular fibres. Let us apply this theory to the phenomena. In amaurosis the pupil is permanently dilated. Now, can it be conceived that a muscle can remain for twenty, thirty, or forty years in a state of constant contraction? The idea is totally inadmissible. This disease is a paralysis of the nerve of vision, and in no way affects the nerves of the iris; we shall presently see why then the iris is at all affected in it. Belladonna and stramonium also cause dilatation of the pupil. This effect, when they are applied externally, is no doubt produced by their action being transmitted by those branches of the first branch of the fifth pair, which supply the conjunctive and eyelids, to the ciliary branches of the same nerve. Do these substances, therefore, paralyze the circular fibres, without in the least degree affecting the radiating, and these latter then act constantly? I cannot conceive it at all probable that these powerful narcotics would thus distinguish between these muscles, when both (if they do exist) are supplied by the same nerves. I know this latter point also is contested, but there is no proof adduced of a different arrangement. It is merely an invention to explain a difficulty which can be much better explained in a different way. Besides, the theories of Magendie and Bellingeri, who contend for a different supply of nerves for each muscle, are directly opposed to each other as to which nerve goes to the contractor and which to the dilator. The iris has not been known to dilate from the galvanic stimulus. From all these circumstances we conclude that the idea of a dilator muscle in the iris is incompatible with some of its most important phenomena. Now, if we admit the radiating fibres to be elastic, we have an easy and satisfactory explanation of all the phenomena. In amaurosis the optic nerve no longer receives any impression, and none consequently is transmitted to the iris. The sphincter is therefore passive, and gives up the iris entirely to the power of the elastic fibres which dilate it. Expansion of the iris from belladonna is caused by a direct paralysis of the ciliary nerves, while the nerve of vision is not affected. A difficulty here presents itself, how the pupil is kept in a state of contraction for so many hours each day, if this be produced by a muscle. This difficulty, however, is readily explained. The sphincter is relieved from a state of constant contraction, 1st, by our passing through different shades of light, causing slight contractions and dilatations; 2d, by winking, which we do involuntary every few seconds. When the eyelids are closed the pupil dilates, and on opening them it instantly contracts. This is the principal mode of resting the sphincter, and shows that the action of winking possesses a highly important use, besides that usually ascribed it. That this momentary rest is sufficient is proved by analogy. The wings of some birds and insects move several thousand times in a minute, and yet the intervals between the contractions are sufficient to rest the muscles. 3d. During sleep this muscle, together with the rest of the whole muscular system, rests and renews its strength. The eminent anatomist, Dr Wistar, taught the same doctrine as that which I have advocated.

The following experiments will, I think, prove incontestably the theory here supported. If a fresh eye be cut through parallel to the iris, and a little way behind it, and the front half be immersed in water, the elasticity of the iris may be proved by stretching it toward the pupil, and it will be found to resist and to return to its former position immediately on being relieved from this state of tension. The second experiment is still more conclusive. It occurred to me that, if the mechanism of the iris were such as I have been endeavouring to prove, I might weary the contractor muscle by preventing the eye from winking for a considerable time. Accordingly, having a bright lamp placed about a foot from my left eye, I kept the eyelids open with the thumb and forefinger of the left hand. Then holding a mirror a few inches from the eye, I closely watched the iris. In a few seconds there was a smarting sensation, attended by involuntary attempts to wink. Immediately the pupil expanded and then quickly contracted. For two or three minutes alternate contractions and expansions took place incessantly, and then the pupil remained for a few seconds widely expanded, giving to the eye an amaurotic appearance. A partial contraction then took place, followed by an immediate expansion. In two or three seconds contraction again took place, closing the pupil about as much as at the commencement of the experiment. The contractions and expansions were again incessant for about a minute, when the experiment was concluded. I have repeated this experiment several times on my own eyes and others, and always with similar results.—*American Medical Intelligencer.*

ON THE PULSATIONS OF THE FŒTAL HEART AND THE UMBILICAL CORD IN UTERO. BY PROFESSOR DUNGLISON, OF PHILADELPHIA.

[It is well known that Dr Hamilton of Edinburgh, in his work on Practical Midwifery, has asserted that the fœtal pulse was never felt by him above 60, previous to respiration, whether examined in the region of the heart, or in the umbilical cord. This statement, a utterly at variance with the experience of a auscultators, is, probably, explained satisfactorily in the following extracts.]

To us, who have had so many opportunities of hearing the pulsations of the fœtal heart *in utero*, it would seem in the highest degree astonishing that an individual of Professor Hamilton's experience could question the fact were it not that he admits he has never attempted to verify or disprove it. It would be still stranger, however, were his observations accurate, that whilst the fœtal heart has been generally counted beating 130 or 140 times a minute, the umbilical cord should not pulse more than 50 or 60 times. Although satisfied of the inaccuracy of his deductions, we have repeated our own observations. Not many cases occur in which there is a good opportunity for examining this point. The best are those in which turning becomes necessary; but the practitioner is then so anxious to relieve his patient from suffering, and so absorbed with the operation, that the opportunity can rarely be embraced. Where the cord protrudes, this can be accomplished; and at times after the child is born. In these cases we can confirm the statement of our able friend, Dr Meigs, in a note on this matter with which he has recently favoured us; who says that he has very carefully observed the pulsations of the umbilical cord, while the ear was applied upon the region of the heart; and in every instance the pulsations were isochronous. The truth would seem to be, that in the cases examined by Professor Hamilton, owing to the influence of the parturient efforts on the function of innervation, and through it on the circulation, the pulsations of the *fœtal heart* were unusually depressed; but in every case he would, doubtless, have found them isochronous with those of the umbilical cord, had he made the trial. It is obvious, indeed, that they must be so, seeing that the umbilical arteries are but a part of the circulatory apparatus of the fœtus. In a case observed by Dr Vedder, an intelligent and zealous resident physician at the Philadelphia Hospital, whose name often occurs in these pages, and whose attention was directed to this subject at our request, he noticed that while the uterus was quiescent the pulsations numbered 140 per minute; but that immediately succeeding a pain, they were only 96, and then gradually rose to 140. After delivery, the cord and fœtal heart beat respectively 134 in the minute. The observations of Professor Hamilton should not, therefore, be permitted to weigh with the observer. They are imperfect, inasmuch as the pulsations of the fœtal heart were not attended to whilst he numbered the beats of the cord; and, consequently, they in no respect conflict with the observations of almost every other obstetrical physiologist, that the sounds actually heard during pregnancy, referred to the fœtal heart, are owing to the pulsations of that organ.

In one of our recent German journals (*Neue Zeitschr. für Geburts*, B. vi, s. i) we find an interesting communication elucidative of the matter by D. Von Hoefft, of St Petersburg, detailing certain observations made on pregnant females in the Imperial Lying-in Hospital (*der Kaiserlichen Gebäranstalt*) of St Petersburg. Some of the conclusions of Dr Hoefft are as follows:—

a. In regard to the circulation between the mother and the child. From the great difference between the number of beats of the maternal heart and that of the fœtus, it is clear and evident that no community of circulation exists, as the pulse of the mother is ordinarily a third, or a half, and in rare cases even two

ards less numerous than that of the child. ence it is manifest, that after the death or ssation of the circulation of the mother, the etus may continue to live for some time in ero, as experience has shown. Auscultaon, consequently, has proved *biologically* hat Hunter's preparations had exhibited *natomically*.

b. The influence of the uterine contraction n the circulation of the fœtus is exhibited in he most marked manner. During slight ains, the pulsations of the fœtus continue; ut during more violent contractions, espeially after the discharge of the waters, they re wholly interrupted, so that we may presume the fœtus to be in a state of temporary sphyxia in the last periods of labour, and hat great danger may threaten the child if the pains continue for a long time without interruption.—*Ibid.*

CONDITION OF SURGFONS' AND CHFMISTS' ASSISTANTS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—Surgeons have their advocates, medical students have theirs, monopolists of every class have their representatives, slaves abroad have champions to battle for them; but those individuals who bind themselves by indenture of apprenticeship to chemists, and devote themselves to that most noble and intellectual science, chemistry, are trodden under foot and neglected; and, in point of emolument and freedom, are inferior to the dandy draper that graces with his smiles the counters of our linen drapers' shops. I am a medical assistant myself, and though now comparatively exonerated from the slavishness of the office, I have passed the tempestuous ordeal; first of an apprenticeship, and afterwards of two engagements, as assistant to surgeons and chemists in London. Knowing the average condition of assistants, and respecting them as intelligent and well-educated men, I stand forth as their advocate; and, through the medium of THE MEDICAL TIMES, would endeavour to stimulate them to act as becomes members of the medical profession. Of all professions, those of medicine and chemistry stand pre-eminent; yet how many stains and blots exist upon them. Is it not a scandal to the profession that a man should be offered EIGHT POUNDS A YEAR for his services, for undertaking the responsibilities of an assistant's situation? That they are great responsibilities none can deny. Circumstances constantly occur in London practice that require the immediate care of the assistant during the absence of his employer, and which, but for his prompt interference, would terminate fatally, as poisoning, for instance. Yet he is unblushingly offered eight pounds a year for his brain, muscle and all. Is it not scandalous also, that when the arduous duties of the week are at an end, and the rest-day of all Christendom arrives, that the ill-fated assistant is still goaded on unpitied, and without remorse? The discharge of professional duties enables the employer to gratify his inclinations, but the employed are the employed still. Search through every other trade and profession—it is unequalled—it is unparalleled. I cannot help thinking that many would espouse our cause, and enlist in our favour, if we were in some degree organized—stood true to ourselves, and agitated a temperate and salutary reform. THE MEDICAL TIMES has not overlooked our claims, and it promises fair to be our advocate. Let it keep its purpose, and it will achieve for us what the 'Lancet' had not the courage or the honesty to attempt.

A MEDICAL ASSISTANT.

RIGHT OF CHEMISTS TO PRESCRIBE.—THE APOTHECARIES' MONOPOLY.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I hope you will permit a subscriber and admirer to say a few words on the above subject. It is well known to all that there has recently been a trial at the Lancashire assizes, in the case of the Apothecaries' Company *versus* Greenough, a chemist and druggist, in which their right to prescribe is established; which decision must be admitted, even by the company itself, to be strictly legal, and in conformity with the Apothecaries' Act of 1815. No doubt the verdict in the North is anything but satisfactory to the worthy people of Apothecaries' Hall, as the decision will strike a fatal blow at their monopoly, and inflict great loss on the company, by stopping the sale of certificates to practise as druggist apothecaries.

The more I read the case, the more I am astonished that the company should ever think of prosecuting a chemist and druggist, duly considering the 28th section of their act, wherein it expressly declares that nothing in the act contained shall *intend* or be *construed* to *intend* to *prejudice*, or in any way to affect the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, &c. &c. &c. Does not the whole of this section constitute the real and lawful functions of an apothecary, so denominated? Now, it has been decided in our courts of law, before Baron Maule, that a chemist and druggist is entitled to practise medicine, notwithstanding the Apothecaries' Act of 1815, and a "*definitive*" verdict to that effect has been recorded in our law courts. If the chemist did not practise as an apothecary, how came the House of Lords to decree, in the case of Seale *versus* Rose, in the year 1705, on a writ of error (and it is only by this authority that apothecaries of the present day practise medicine; in fact, they were only usurpers themselves), that it was legal for an apothecary or *chemist* to visit, prescribe, and dispense medicines for patients—a right granted to the chemist by the House of Lords a hundred and ten years before the Apothecaries' Act came into *operation*. I think the company cannot have a better precedent than the case above quoted. That there are many defects in the act we must all admit and regret; still there is the act, and the judges must go by the letter of it, and the usage of the chemist and druggist business before 1815, which, without doubt, consisted in *prescribing* and dispensing medicines for patients. Begging attention to the subject, I am, sir, &c.

J. CRISP, Apothecary.

[This letter, as well as the one in our last, most forcibly displays the wretched condition of the law relative to the medical profession in England. All is contradiction and confusion.]

SPECIMEN OF A (VETERINARY) EXAMINATION.

CHEMISTRY.

Examiner. If you had been rubbing down a mixture of oil of swallows, nine oils, balsam capaivi, and turpentine, in a mortar, what composition would you use for restoring the mortar to its primitive cleanliness?

Candidate. (*Contemplatively*.) Brick dust, sir.

Exam. Explain the modus applicandi.

Can. (*Thoughtfully*.) I'd take off my coat.

Exam. Very good, sir; a wise precaution.

Can. I'd tuck up my sleeves.

Exam. Better still, sir! you're a sagacious fellow!

Can. I'd then bring my fingers into collision, then into contact with the inside of the mortar, and scrub.

Exam. Excellent, sir! by Jasus! Now, suppose you'd been measuring nitric acid in a glass measure, and had a clean apron on, would you wipe the measure out with your apron, or not?

Can. I should not.

Exam. What, then, should you do?

Can. (*Waggishly*.) I should take for the purpose my master's, or my top journeyman's, according to the position which I was in the enjoyment of at the time.

Exam. Explain why.

Can. The acid would destroy my apron.

Exam. Wouldn't it your master's, or journeyman's?

Can. (*Archly*.) I'm not so certain of that; at any rate, I should make the discovery.

Exam. So you would, sir! It's lucky for Davy, and Thompson, and Turner, that they lived before you, or curse me if they could have lived after you. As it is, sir—to use a vulgar phrase, I'm very much afraid, for their sakes, that you'll take a deal of the shine out of 'em. We'll now leave Chemistry, and take up

THE PRACTICE OF MEDICINE.

Exam. Which possesses the greatest genius—yourself, or the human practitioner?

Can. *HI* do.

Exam. Has the human practitioner *any* genius—of course I mean professional?

Can. *HI* could never diskiver it.

Exam. Then, of course, you do not allow that it exists?

Can. Not by no means.

Exam. Are there not many cases recorded on the annals of medicine, of unsuccessful treatment of cases, by Hunter, Potts, and Abernethy, which you would have undertaken to have cured?

Can. Most decidedly; in fact, were our genius *appreciated*, our talent *understood*, and our line of treatment popularly known, an extinguisher would be at once clapped over the whole tribe of Galen's little uns!—*From a short Squib entitled 'Gnihtontuobaodahcum.'*

Mr Power exhibited, at the Surgical Society of Ireland, a cast of a hand, showing a very curious malformation. It was a case of hypertrophied finger belonging to a child five years old. The middle finger, which was the seat of the hypertrophy, was as large as that of an adult. The bones and soft parts were remarkably developed, and the skin was perfectly natural; but the nail was small, and the mother did not recollect that she ever had occasion to pare it. The thumb and the remaining fingers were of the normal size. The history of the case was, that, like many other malformations, it had been the result of fright during pregnancy. A window had fallen on the mother's fingers, and she became so impressed with the idea that the child would be marked, that she called out to her mother, who attended her during delivery, and inquired if the child "wanted any of the fingers of the right hand, or if they had been glued together."

M. Duhamel has lately published a work on the treatment of scrofulous complaints with the salts of gold, which he has found highly efficacious. He prefers the internal administration of the oxides to the method of administering the perchloride by frictions on the tongue, recommended by M. Legrand. Out of the nineteen recorded cases four were unsuccessful; but of the fifteen cures some are of so marvellous a nature as almost to challenge credence. The remedy is decidedly shown to be a most valuable one.—*Lancette Française.*

TO CORRESPONDENTS.

We have received one of Mr TRANT'S NEW ANEURISM NEEDLES, *but it came too late for remark before next week.*

A SCENE *at* BECK'S, *with the* "Staff of the Immaculate at their Orgies," *has arrived safe.*

STUDENT.—*The following is the anecdote,—we say nothing as to its authority. When Mr Lawrence presented himself for examination at the college, old Sir W. Blizard appeared especially ill-natured and dogmatical, and rigorously examined Lawrence upon* hernia, *as if trying to reject him. On this subject Lawrence was well up. After several questions from the examiner, which were answered in a manner which staggered the anatomical dulness of Sir William, he pettishly said, "You, sir, are entirely ignorant of hernia; you know nothing at all about it." "Indeed," returned Lawrence with a sneer at the flounderings of his examiner,—"I think I do." "Well," was the response, "I shall—" "Soft," interrupted another examiner at his elbow, "he was an apprentice to Mr Abernethy." "Oh, oh," grunted old Sir William, "then he* must *pass." Lawrence received his diploma. He retired home stung by the remark of Blizard. He sat musing for some time, then he seized a pen and began to write. Lawrence was observed to increase his labours in the dissecting room; at length his 'Treatise on Ruptures' appeared, and he sent the first copy to Blizard, on receiving which the examiner sat three mortal hours without speaking to any one.—The book has never been superseded; it has reached five editions.*

OLD RADCLIFF *was a curious compound of the humourist and the sceptic. He had an invincible objection to marry, but having made up his mind to enter into chains, he fixed on the daughter of a wealthy citizen of London. Her father agreed to give her* 15,000*l. down, and a larger sum at his death; everything was agreed on, when Radcliff sent the following letter to her father: "Miss Mary is a very deserving gentlewoman, but you must pardon me if I think her by no means fit to be my wife, since she is another man's, or ought to be; she is no better and no worse than actually quick with child, which makes it necessary that she be disposed of to him who has the best claim to her affections. No doubt you have sufficient power to bring her to confession, which is by no means the province of the physician. I wish you much joy of a new son-in-law* when known, *since I am by no means qualified to be so near akin. Hanging and marrying I find go by destiny, and I might have been guilty of the first had I not so narrowly escaped the last."*

THE HOMŒOPATHIC CASE.—*The verdict of the intelligent jury was, "That the patient died of effusion on the brain, and that her death was accelerated by improper treatment." For Dr Quin and Dr Epps this is a damning verdict. They are condemned by it to the shades in which St John Long and others of the same class are walking in pleasing obscurity. A correspondent recommends them to take "tombs at Kensal Green, and bury themselves and medicines ere another victim is added to the one which childish credulity (if nothing worse) has allowed to descend prematurely to the* grave."

INQUIRER.—*Yes—a snuff-box, or piece of plate, we forgot which, was given to Mr Burgess, Apothecary to St Giles' workhouse, as a reward for his services to an anatomical school. The fact speaks volumes. Bad subjects and high prices are awarded to those who are troublesome.*

PROFESSOR JAMIESON. *Many thanks—they shall be sent.*

GRIMSTONE, PETTIGREW, AND CO.'S *Ophthalmic panacea is not forgotten. We are up to snuff.*

MR LOVETT, *of Clare street, said to be a member of both the college and hall, sells* quack medicines. *Mr Jerrard of Crawford street, and "Dr" Porter of Drury lane, also vend these nostrums.*

DR TOULMIN *of Bedford square. The following is the very creditable card circulated by this M.D.; it is forcible evidence of the necessity for cleansing our medical institutions:—"There are many persons above the poorer class, who cannot afford the usual physician's fee, and yet, from feelings of delicacy, decline gratuitous advice. To obviate this difficulty Dr Toulmin proposes seeing patients at his house, No.* 36 *Bedford square (every morning from nine till half-past ten a'clock), on the following terms. A fee of three shillings and sixpence will be paid at each visit, for which an order on a respectable druggist will be given for sufficient medicine to last three days; thus limiting the expense in every case to seven shillings a week."*

MEDICUS. *Very good. Write often.*

SURGEON-APOTHECARY.—*We entirely agree with him. No one can suppose for an instant that we wish to advocate the overthrow of existing corporations without first supplying better institutions in their places. The letters show that even the apothecary's certificate is insufficient to protect its purchasers, and that even* they *have no rights under the present miserable system.*

THE MEDICAL TIMES.

WRETCHED STATE OF THE PROFESSION.

PREPARATORY to the further consideration of the all-important subject of MEDICAL REFORM it may, perhaps, be well to consider somewhat in detail the present condition of the profession of medicine in Great Britain and Ireland—to point out the principal points of contradiction and absurdity, and display in their native and natural deformity the abuses and abominations of the existing state of things. Some of these points we find very well stated in a Lecture which has been for some time on our table, and which was delivered by Mr Tagert, of Dublin, as introductory to the business of the Original School of Medicine. After commenting upon the insufficient payment of the profession, and pointing out the manner in which its members have been neglected by the Legislature, Mr Tagert continues:—"The next grievance I shall consider consists in the multiplicity of bodies empowered to grant degrees; there are sixteen or seventeen of these rival medical corporations, each irresponsible; framing regulations for expediency and selfish purposes; pitted against each other, and competing who shall give readiest and cheapest access to the possession of a diploma; still keeping up the antiquated and artificial separation of medicine and surgery, as distinct sciences; and forming insurmountable barriers to a proper organization and union of the profession. Behold some of the results of this hydra-headed evil!

"UNEQUAL EDUCATION.
"UNEQUAL PRIVILEGES.
"UNEQUAL EXAMINATION.
"UNEQUAL CHARGE FOR DIPLOMA.
"CERTIFICATE AND TICKET SYSTEM.

Let us glance a little at these in detail.

"The variety in the system of education required by these licensing bodies is injurious to the profession. Thus the London College of Surgeons do not require from the candidate for a diploma any proof of a preliminary liberal education; while the Edinburgh College of Surgeons, by their late regulations, require that the candidate must, either previously to or during his medical education, have received instruction in the elements of mathematics, and have attended a course of mechanical philosophy, and at the commencement of his examination for diploma, must translate some portion of a Latin author. No Greek is required. In the College of Surgeons in Ireland, the candidate for diploma must produce a certificate from the President and two of the Court of Censors, that he has passed an examination as to his acquaintance with the Greek and Latin languages. No mathematics, or mechanical philosophy is included."

After this resumé of the main evils let us pass for the present, without comment, the absurdity and mischief which result from this difference in professional education, and examine the various charges for diploma. "In the Edinburgh College of Surgeons the fee for surgical diploma is 7*l.* 5s.; in the University of Glasgow, 10*l.* 10s.; in the London and Dublin Colleges of Surgeons, 20 guineas each. The fees for medical degrees are subject to a similar variety; and if the student wishes to graduate both in medicine and surgery, he must pay two separate bodies for permission." Again reserving comment upon this fruitful topic, let us pass to the next absurdity—the inequality of privileges among various members of the same profession.

"To be eligible to act as surgeon to a county infirmary in Ireland, you must have the licence of the College of Surgeons in this country; members of the English and Scotch colleges are ineligible; so that a Cooper, Brodie, Lawrence, or Liston, could not officiate as surgeons to such on their present qualifications. * * *

"In the King and Queen's College of Physicians in Ireland, a full participation in all the corporate privileges is confined to those who have graduated in the Universities of Oxford, Cambridge, or Dublin; a large majority of the licentiates are hence shut out from the fellowship, and a monopoly is thus created and kept up for a privileged few.

"Look now at the College of Physicians of London; they have a power under their charter to punish any person who would practise as a physician in London, or within seven miles thereof, unless he submitted to an examination by them, and paid large fees to be admitted a fellow, licentiate, or extra licentiate; this odious law has not lain a dead letter, for persons have been prosecuted to conviction for disobeying it. Graduates, then, of the Scotch and Irish universities are not entitled to practise in or around London.

"Take one more example, from another class of practitioners. An apothecary, educated and licensed in Ireland, cannot open a shop in England or Wales; nor can the English apothecary practise

in Ireland; yet—stranger still—both of these may practise in Scotland."

This is a tolerable catalogue, and would afford, without aught else, quite sufficient reason for insisting upon a full and searching reform. But other and not less vexatious abuses might be appended to the list—

THE CERTIFICATE SYSTEM,

THE MODE OF EXAMINATION,

THE MANNER IN WHICH APPOINTMENTS ARE MADE TO PUBLIC INSTITUTIONS,

and others equally unjust and ridiculous, each of which demands attention, and each of which shall have it in due time. In the interim, once more we invoke the aid and assistance of all who wish to see medicine occupy its proper position as a science, and the recognition of its professors as honourable and talented men.

JOHN EPPS, M.D., AND HOMŒOPATHY.

By the Author of 'A Scene in Bedford square.'

ANOTHER victim has been immolated at the shrine of empiricism.—The baneful spirit of quackery, long since allowed to riot with impunity in our profession, is advancing with monster-strides even where it was least expected. It has reached YOU, Dr Epps—it has found a zealous slave in YOU, who erewhile stood forth as a champion of education and of medical reform, and who commanded respect as an honest and industrious physician. The veil is uncovered; the trappings and ornaments which you were won't to exhibit have proved deceptive; and you appear before us in your true colours, convicted of having, by the means of QUACKERY and IMPOSTURE—for what purposes we know not—maltreated, grossly maltreated, a woman with typhus fever, who had been committed to your care, and thereby directly CAUSED HER DEATH. You sent her to her long home in a manner as sudden as unexpected; not relieved in body or mind, but with her sufferings aggravated beyond endurance. You acted *in opposition to the acknowledged practice of the day*, and are therefore guilty, not only of the *death* of the patient, but of the *discredit* which may in consequence be attached to the profession as a scientific body. You have become a HOMŒOPATHIST—an advocate for the exhibition of medicine in millionth of a grain doses! You would introduce into the Thames at Richmond a proportion of quinine, so small as to be imperceptible to the senses, and collect the diluted draught below Gravesend! Thus, following up this very powerful practice, you brought your infinite wisdom into play in the case in question, and the effect is seen in its fatal termination.

The facts adduced at the inquest unfortunately too plainly show, Dr Epps, that you are guilty of a heinous charge. Notwithstanding that the miserable patient had made but one stool during the eleven days you were in attendance upon her—notwithstanding she was daily growing *worse* under your very eyes—constipated in her bowels, obstructed in her perspiration, suffering lesions and congestion, and raving in the intensity of her delirium—notwithstanding all this, what, in Heaven's name, did you do? Why, you simply prescribed opium *in homœopathic doses*,—a phial, containing laudanum, *"to be kept in the dark!"* Kept in the dark! Ay, Dr Epps, it was necessary, in order to give your elaborate preparations an air of uncommon and mysterious virtue, that the light of day should not be suffered to display their composition. Was ever such imposture!

But you declare that you *"thought lightly* of the case." What, of a case of *typhus fever*—or, rather, of what *became such* under your assiduous attention! Your experience should have informed you that it was a disorder of no ordinary magnitude—that a few short hours might suffice to send her out of this "breathing world." Yet, this most precious interval of time you wasted, literally wasted, instead of taking advantage of it to bring *all the resources of your art* to bear: the enemy was mortal, and required not a solitary palliative, but a whole host to oppose its devastating inroads.

It is in vain you seek to exculpate yourself. The torch which hopefully lighted your path is extinguished for ever. You are defunct as a practitioner. As the pigmies of old were devoured, so shall you be—but by your own blind and reckless fanaticism and headlong cupidity. Men will pass by you unnoticing, save to withdraw as from the presence of some contaminating, yet insignificant excrescence. One companion only will you retain, and a fit one truly—a low-minded and illiterate German, a disciple of Hahneman, and patron of the unworthiest of bookseller's hacks—"DR" QUIN to wit. Having reached his name, however, coupled with yours, I am warned to pause: to proceed further with these disgusting details were only to suffocate me with a sense of nausea.

TO MESSRS QUAIN, THOMPSON, AND OTHERS, WHO GOVERN THE COUNCIL OF UNIVERSITY COLLEGE.

I HAVE before denounced you as having arrogated powers you are neither entitled to assume, or capable of exercising either with talent or honesty of intention—I have branded you all as intriguers; and you, Richard Quain, most especially, as an ungrateful brother and a treacherous man—I have shown how you crept, and crawled, and listened;—how you became eaves-dropper and tale-bearer,—how you played toady to this and bully to that, to get power to drive Dr Elliottson from the institution which his talents adorned. For you know that he had talent,—you felt that he was honest,—you saw the pupils admired and respected him; like Jones Quain, he was a high-minded man of talent. For all this you plotted his downfal, as you had plotted your brother's before. Well may all men wonder. Well may they repeat again and again—

"Look you upon this picture and on this,
The counterpart presentment of two brothers."

Never was a contrast stronger, and Shakspeare, when he painted the Royal Dane and *his* grateful brother, had in his mind's eye another Jones and Richard. All these features I have painted, and I will retouch the portrait as occasion may require, promising to render the picture as notorious as it is hateful, and the name of Richard Quain shall be as a mark of disgust, of scorn, and of contempt. This will I faithfully do.

This digression I could not avoid. My hatred of such characters forces a torrent of denunciation; but I will return to the Council and the men who govern it. They have received several bequests of large sums of money, from an impression being abroad that University College is a liberal public institution. If this impression is to be regarded as correct, then are *the Council amenable to the public for the disposal of the funds—if it still retains its joint-stock character, it receives the money under false pretences.* In either case I repeat the right of public scrutiny—in either case I declare my intention to insist upon justice being done. Twenty-one thousand pounds more is about to pass into the hands of the Council—*bequeathed for public use?*

HOW IS IT TO BE EMPLOYED? I pause for a reply.

CENSOR.

REVIEWS.

Practical Observations on the Nature and Treatment of Curvatures of the Spine. By SAMUEL HARE. SIMPKIN & MARSHALL, 1838.

MR HARE has produced a work, rather for the general than the professional reader; but it is one which contains a considerable amount of practical information upon an important class of diseases and their treatment. The number of females who labour under diseases of the spine is very great, and we extract an interesting and important passage from Mr Hare's volume, in which he most properly exposes one of those conventional abuses of the "human form divine," which becomes a fruitful source of disease and misery.

CONSEQUENCES OF TIGHT LACING.

THE use of the zone or girdle, the type of our modern stays, is of very ancient origin, and it is probable that in all ages of civilized life the sex has used some article of this kind, from an idea that it was convenient for the support and graceful carriage of the figure. On their first employment stays were of simple construction, and were destitute of their present objectionable properties, being resorted to, almost exclusively, for the purpose of suspending from them other articles of dress in an easy, flowing and graceful manner, and whilst restricted to such uses, and not drawn unnecessarily tight, would not be likely to be attended with any mischievous effect. It is more than probable, that almost all the errors and foibles of mankind have had their rise from some motive or notion, not culpable in itself, but deserving censure only from being carried to excess; thus the unnatural construction and excessive compression of stays have led to an accumulation of bodily suffering and deformity, of the extent and consequences of which few are fully aware. There is no satisfactory reason why the attire of females should not be conformable to the preservation of the health, and the consistent display of taste and ornament, and no doubt it was from a supposition that the personal appearance would be improved, that these articles of dress were first invented and used.

There are at the present time thousands who, ignorant of the misery they are inconsiderately providing for themselves, are daily sacrificing health, and not unfrequently life, to the mere vanity of desiring to possess what a vitiated taste calls "a fine figure." That women should experience a feeling of support from the use of stays, after wearing them from early childhood, admits neither of doubt nor surprise; the only wonder is, that they should feel comfortable without them during the hours of repose. Our promenades, public streets, and places of fashionable resort, afford abundant evidence of the sad effects resulting from the almost universal prevalence of this baneful practice. The absurd notion, that a woman is more beautiful with a remarkably small waist, ought long ago to have been exploded;—as well might we admire as beauties the flattened heads of some tribes of Indians, or the extremely contracted feet of the Chinese. Genuine taste admires no such eccentricities.

Modern stays are constructed with so little attention to the form of the body, that the pressure is the greatest upon the lower part of the chest, which is naturally the widest, whilst they have the most freedom at the upper part, where its diameter is the smallest; thus, in effect, inverting the order of nature, and causing a complete transformation of this important portion of the body, by making its base uppermost, and its apex downwards; they

are also made so long as to cause injurious pressure on the pelvis, the crest of the ilium being, not unfrequently, turned inwards.

The evils resulting from tight lacing are numerous and appalling; by the pressure of the stays the functions of the vital organs are injured, and the whole frame impaired; the bones of the chest being contracted, prevent the free action of the lungs; the blood not being sufficiently oxygenized by respiration, becomes deteriorated, and consequently the various systems of the body suffer either in structure or function. Palpitation of the heart, increased circulation and difficult respiration, are usual symptoms attendant on chronic cases. The pressure and confinement of stays also produce great derangement of the functions of digestion, preventing the stomach from dilating on the reception of food, and also the proper peristaltic motion of the intestines; and in some extreme cases, entirely changing the form and position of the viscera, which are not unfrequently pressed down to the lower part of the abdomen. Hernia also, there is reason to believe, is often produced by this improper pressure.

As the bones and muscles continue to increase in growth until the period of puberty, they are, by the continual pressure and rigidity of stays, which scarcely allow of lateral, or indeed any other motion, prevented from becoming fully developed; and the pressure is not unfrequently so great as to displace the bones from their natural position, the sternum being in some cases forced inwards, in others the reverse, whilst the conical form of the chest is, as has already been stated, inverted.

The author has made repeated measurements with a view to compare the circumference of the waist and the width of the stays of a great number of females, and has found so great a difference between the former and the latter, as to be convinced of the serious injury which must result; this is an experiment which all parents have in their power to try, and the correctness of which they can ascertain. Need we then be surprised that the female figure is so frequently and so lamentably deformed? Rather ought it to excite our astonishment that so many, under such untoward circumstances, should escape the consequences.

The artist, Mr Bunning, has sent us a portrait of that very estimable man, Dr Birkbeck. It is executed with much skill and fidelity, and, as a faithful likeness of the doctor, is well worthy the patronage of his numerous admirers. In a social point of view Dr Birkbeck has been the staunch friend of improvement, and will be estimated still more highly when the beneficial effects of the changes he has been instrumental in making are more widely diffused.

King's College.—The council have put forth advertisements, declaring that those who intend to become candidates for the chairs of medicine and surgery—*being members of the Established Church of course*—must send in their testimonials before the 3rd of February next. The duties in the school are not to commence until the next winter session, but those in the hospital forthwith.

Typhus Fever in Aberdeen.—This disorder has been prevailing to a great extent in Aberdeen, insomuch that the accommodation for patients in the hospital has been exhausted. By the last accounts it does not appear to have subsided.

Mr Lucas, Lecturer on Surgery at the North London School of Medicine.—A subscription (confined to his class) has been commenced with the view of presenting this gentleman with a piece of plate, as senior lecturer in his school, and as a small testimony of their regard for him and their appreciation of the pains he has taken in their instruction.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CLINICAL LECTURE ON ERYSIPELAS PHLEGMONOIDES, BY MR GUTHRIE, DECEMBER 22.

[In reference to a case detailed in No. 10 of this Journal, Mr Guthrie made some observations to the following effect.]

Erysipelas is a peculiar inflammation of the skin, which may extend more or less to the cellular tissue beneath, and it is when that tissue is especially affected that the affection may be denominated erysipelas plegmonoides. Erysipelatous inflammation is usually attributed to a faulty state of constitution, and is termed unhealthy, but the similar constitutional state does not always appear to exist in a marked manner. We find erysipelatous, or unhealthy inflammation to occur often in persons who appear enjoying a fair state of health; as, on the other hand, phlegmonous or healthy inflammation may happen in those with greatly vitiated constitutions. In erysipelas we have all the four common characteristics of inflammation, viz.—pain, redness, heat, swelling. but with peculiar modifications which we shall proceed to point out. While internal inflammation is peculiarly indicated by functional lesion, it is not so obvious where the disease is external; but in lieu thereof, the sensible signs are very apparent. What are the peculiar characters of erysipelas? When we ask a man at the college the peculiarity of the redness, we often find him puzzled, though he may have seen it a hundred times, but he saw it without attention, without comprehension. The colour is much darker than in phlegmonous inflammation, and may tend to a brownish, blueish, or even yellowish hue. The termination of the inflamed surface is abrupt; so defined that a line of demarkation is distinctly perceptible between the healthy and diseased skin, very different from phlegmon, in which the redness gradually fades towards the circumference, where in erysipelas it becomes more intense, while it dies away in the centre. In the phlegmonous case the swelling likewise gradually fines off, while in the erysipelatous one it is equally diffused over the diseased surface, and is more or less doughy pitting on pressure, which varies in degree according to the nature of the subcutaneous effusion. The pain is of a burning, stinging character, devoid of the throbbing which characterizes a phlegmon. Mr Guthrie now narrated the case which we have referred to, awarding much praise to Mr Archer, the house surgeon, for the kind and judicious manner in which the patient had been attended to. In continuation he remarked, that the disease was usually superficial to the fascia. The cellular tissue becomes distended with the effusion of gelatinous matter, and much constitutional irritation ensues. As the disease progresses the cellular tissue becomes struck with death, the circulation being arrested, and an ashy-coloured slough forms; if still allowed to go on, the morbid state extends to the cellular tissue on every side. and at length the skin itself is destroyed. If this goes on to any extent death rapidly ensues. What is to be done? Incisions should be made so as to permit the escape of the effused fluid, and the tense state of the skin being thereby relieved, a great source of constitutional irritation is removed, and the escape of the sphacelated cellular tissue facilitated. Mr Lawrence claimed to be the originator of this mode of procedure; but Mr Guthrie had certainly published a case a twelvemonth before the work of Mr Lawrence appeared, and had been in the habit of practising it on the Peninsula. In the original case, which happened at the Old Westminster Hospital, and was of a very severe description, Mr Guthrie had made the incisions in opposition to the opinions of the late Mr Lynn and Sir Anthony Carlisle, and the man did well from that moment. In the case of J. H. the incisions had been made too late to effect the desired object of saving the skin on the outer side, but on the inner this had been attained. Now it was a question as to the size of the incisions. Mr Copland Hutchinson advocated small ones, but the best plan is to regulate them according to circumstances. Mr G. once heard of a naval surgeon who made an incision fourteen inches in length in a man's leg: the desperate nature of the case might perhaps require it, but Mr G. was much more moderately inclined. The incision should not in general be carried through the fascia on account of the hemorrhage which would result from the division of the larger vessels ramifying thereon. it might, however, be readily commanded by pressure. In making incisions the object was to relieve tension—one or two inches to-day might be extended to four to-morrow. If it be done at a sufficiently early period the inflammation may rapidly subside; but if it be done at a later period, when the leaden hue of the surface indicates the cellular tissue to have perished, or have slight purulent exudation. We may thus sum up the treatment:—Mild emetics are very serviceable; the bowels should be well cleared out, determination to the skin maintained, and at a late period a tonic, stimulant, and opiate plan of treatment must be resorted to as the symptoms may indicate. The vital powers often require to be firmly supported when extensive mischief has occurred, by beef-tea, porter, wine, spirits, &c. With respect to local applications, cold lotions might probably agree in a young person whose constitution is good, but warm applications are preferable for the old, and in an advanced stage of the disease. Circumscribing the inflamed surface with nitrate of silver is often very advantageous in preventing its extending; and the French surgeons have a high opinion of the efficacy of mercurial ointment as an application.

GONORRHŒAL OPHTHALMIA.

J. C. æt. 20, admitted under Mr Guthrie Oct. 2. He contracted gonorrhœa seven weeks back, and three weeks from its commencement the eyes became diseased, first the right, and subsequently the left. With the right eye he has not seen for the last fortnight, but he gets an occasional glimpse with the left. Nothing was done for the gonorrhœa, which abated when the eyes became affected. He attributes the ophthalmia to the accidental contact of purulent matter. Antiphlogistic treatment has been pursued, and he has been placed, and still continues, under the influence of mercury. His present symptoms are an exceedingly irritable state of the ocular apparatus, evinced by the spasmodically closed eyes, lachrymation, poking manner of carrying the head, and constant severe aching pain. The purulent secretion is very abundant. View of the eyes cannot be obtained—one is said to be lost, but it is improbable, from the sympathetic irritability; there is much tumefaction and fungoid granulation of the lids. No urethral discharge continues now, but chordee and ardor urinæ still exist. The lids very freely scarified, and purgation ordered. Warm fomentations to be constantly applied. Nov. 1. The pain in the eyes and the congested state of the lids are much relieved, but the purulent discharge continues very abundant. On examination we find superficial ulceration of the cornea of the left eye, and a sloughy state of that of the right. The cathartic action to be maintained, and Mr Guthrie's strong ointment of nitrate of silver applied daily. The purulent discharge rapidly subsided, and in a couple of days the man could see to read with the left eye. Nov. 10. From the sloughing action a large opening had formed in the cornea of the right eye, through which the iris protruded—to this the solid lunar caustic was applied each other day, and to relieve the passive inflammatory condition several blisters were applied in succession. Not resting at night, he had morphia given him. Zinc lotion was also used. The progress, though slow, appeared favourable till the 18th, when the vascularity appeared to have increased, as also the tendency to ulceration in the perforated cornea. In consequence he was cupped three or four times without much benefit. On Dec. 3rd he was ordered pills of three grains of blue pill and half a grain of opium, three times a day, omitting all local applications. In ten days mild mercurial action was set up with the most salutary result; viz. great abatement of the inflammatory tendency. The protruded portion of the iris was then excised and cicatrized rapidly. On the 20th the healing process was nearly perfect. The right eye was in a perfectly normal state, and some degree of vision remained to the left, which appeared gradually improving.

FRENCH HOSPITALS.

CLINICAL LECTURE BY M. VELPEAU,

DELIVERED AT L'HÔPITAL DE LA CHARITE, ON GONORRHŒAL OPHTHALMIA AND ITS TREATMENT.

(By our own Reporter.)

T. M., æt. 23, was admitted into the hospital on the 20th of November. He followed the business of a tailor, and had always enjoyed good health. When he woke on the morning of the 18th he first found the eyes rather uncomfortable, though perfectly well the previous evening. On the 19th there was much vascularity and pain; and when yesterday, the 20th, he presented himself for admission, he was affected with all the symptoms of ophthalmic blenorrhœa. Though the existence of clap was denied by the patient, yet, on examination of the organs of generation, the existence of an old urethral discharge was evident, which had caused so little inconvenience as to make the man imagine himself free from the complaint. There was, then, no doubt that he was now affected with gonorrhœal ophthalmia. It is of the greatest consequence to recognize the disease at the outset, for the least delay and indecision in the adoption of appropriate treatment may occasion the loss of the eyes.

Gonorrhœal ophthalmia may thus be characterised in its symptoms and its course. In the first instance the ocular conjunctiva becomes inflamed and tumefied; the redness is not very vivid in the first instance, and is somewhat of a peculiar brick-red tint with a yellowish tendency. On close inspection we can discover small grains on the inflamed surface, giving the appearance of a granular state of the conjunctiva. Little pain is experienced, but an abundant mucous exudation soon takes place, which, as the disease progresses, assumes a purulent character, and it clogs up the eyelashes, forming a thick, greenish incrustation at the edges of the lids. We find scarcely any constitutional reaction. When matters have arrived at this point, if the disease be neglected, keratitis, and sometimes general ophthalmia, will supervene on the conjunctival inflammation, terminating generally in loss of the eye. The keratitis, extending from the periphery towards the centre of the cornea, causes rapid disorganization of that structure, which may take place within twenty-four hours. Sometimes the purulent conjunctivitis is limited to the mucous membrane, which becomes thickened and turgid, and reflects itself over the transparent cornea; the disease then subsides, and there is gradual resumption of the normal condition.

The serious nature of gonorrhœal ophthalmia, which frequently terminates in blindness, has caused it to occupy greatly the attention of surgeons, especially those of the present day; yet there is much difference of opinion as to its mode of development, the nature of the inflamed tissues, and the therapeutic means which should be resorted to.

These are three different opinions as to the manner in which the conjunctival blenorrhœa originates. Some people consider it to take place by metastasis of the gonorrhœa: others look upon it as resulting from general venereal affection; and, in the third place, it is said to be caused by the matter from the urethra being brought into immediate contact with the mucous membrane of the eye. We adopt the last opinion, in support of which we can adduce facts. Besides, it will always be more easy to prove that the patient has touched the linen or any other article belonging to a person affected with clap, than to prove that the ophthalmia results from metastasis, the patient having touched anything which could be reasonably suspected to be tainted with gonorrhœal matter, as M. Ribés endeavoured to do in one case. Those surgeons who maintain that infection takes place from the constitutional venereal affection, will likewise have difficulty in supporting their opinion.

This disease has been confounded by some authors with other varieties of purulent ophthalmia, which is extraordinary, inasmuch as that these surgeons have established numerous specific varieties of ophthalmia, such as rheumatic, catarrhal, scrofulous, abdominal, hemorrhoidal, &c. This confusion is inexplicable, for it is impossible to fail in distinguishing between gonorrhœal and Egyptian ophthalmia. It is, then, of consequence not to confound the specific ophthalmia of gonorrhœa with others. It has been declared by Beer that a distinctive difference between catarrhal and gonorrhœal is, that in the latter case both eyes are rarely affected. We can indeed imagine that, as gonorrhœal ophthalmia depends on the contact of the purulent discharge, only one eye may become affected, but it so often happens that both become implicated, that Beer's diagnostic sign is but of little value.

The study of the treatment of the disease is highly important. From the high state of inflammation which existed, powerful antiphlogistic means were naturally resorted to in the first instance. Blood has been abstracted, even to the extent of fifty or sixty ounces at one time. Some surgeons, on the other hand, recommend repeated bleedings from different parts—from the arm, the neck, the foot—in turn. Sometimes leeches have been applied. These means are not to be neglected, but alone they are insufficient; for though they abate the inflammation, yet alone they are unequal to arrest the destruction of the transparent cornea. Purgation was therefore associated with the abstraction of blood: all the drastic medicines were employed in turns—aloes, gamboge, scammony, jalap, and calomel in large doses. External derivatives were likewise resorted to. No less numerous are the topical applications which have been used in succession; they have generally been of an active nature, such as alum, corrosive sublimate, calomel, sulphate of copper, and nitrate of silver: recourse has even been had to scarifications. It has strongly been recommended to obtain the revulsion of the gonorrhœa: Beer and Astruc are the chief advocates for this procedure. It is a bad practice, which only has the result of causing there to be two diseases instead of one, and is founded on the erroneous doctrine of metastasis. If, on the other hand, the urethral discharge is re-excited only with the view to establish a salutary revulsion, we have means of effecting that object in a less disagreeable and dangerous manner. In the examination of the means we have just enumerated, we find alum to have been employed with some advantage by Lawrence and Mackenzie. It may be used in solution, in the proportion of from four to six grains to the ounce of water, or beat up with white of egg. We have employed a solution of corrosive sublimate of the strength of a grain to the ounce: it does not constitute an efficacious means, for its action is not proportioned to the intensity of the disease, and if the solution used be too concentrated, it acts as an irritant. Calomel may be used as an application, either in powder or merely diffused in water, but is of insufficient utility. A weak solution of lunar caustic is inefficient: a strong preparation will sometimes arrest the ophthalmia, and may be used either in the form of collyrium or ointment. By combining this mode of using lunar caustic with a succession of bleedings, according to the method of M. Bouilland—copaiba and cubebs being administered—we have effected seven cures out of ten cases of gonorrhœal ophthalmia. In three instances only have the eyes been lost. The solid nitrate of silver was first employed in France by M. Gensoul, and its use has since been adopted by numerous practitioners. Another procedure now in general use is the excision of the chemosis, practised and recommended by Astruc. M. Sanson, after excising the chemosis, applies the solid caustic to the solution of continuity. So great is his confidence in these means, that he does not hesitate to extend the commissure of the eyelids by an incision at the outer part, in order to facilitate the operation and expose a more extended surface. A sufficient number of observations have not yet been collected to enable us to declare in favour of M. Sanson's method, which, besides, would meet with much opposition, if we wished to avail ourselves of it in private practice.

We hope to be able to substitute for the above modes of proceeding in the present case, the use of a collyrium containing half a drachm of nitrate of silver in an ounce of distilled water, and the internal administration of copaiba and cubebs combined. Venesection was also prescribed at yesterday's visit. To-day we find the conjunctival tumefaction diminished, and there is diminution of sensibility. But there is already keratitis on one side, and we fear the cornea may become disorganised. To prevent this consequence, which would inevitably be followed by loss of the eye, venesection is ordered twice; two grains of calomel are to be taken every hour till purgation ensues; the solution of nitrate of silver is to be applied to the eyes. Unless positive favourable results become apparent by the day after to-morrow, it is much to be feared that the preservation of the eyes will be altogether hopeless.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

SUICIDE—ROTATOR MUSCLES OF THE VERTEBRÆ—THE OPIUM QUESTION.

DECEMBER 21.—Dr CROWNE in the chair. A letter by Dr MANTELL was read, addressed to Dr JAMES JOHNSON, and presented by that gentleman to the society, on the subject of suicide from mental derangement. Mental delusion, depending on lesions of the brain, was commonly regarded far too lightly, though a frequent source of suicide. The following case, which occurred in the writer's practice, was adduced as an example:—A tradesman, ætat 50, was knocked down by a blow on the temple, but experienced no inconvenient effects at the time, returning to work as though nothing had happened. A few months after, however, he was attacked with pains in the head, which were instantly relieved, but as soon came on again; and thus for a long time he suffered a series of paroxysms. Mental hallucination ensued, the patient, among other fantasies, imagining himself condemned to everlasting damnation. He was seen by Dr M. two years subsequently to this occurrence, and was then put under a strict regimen, and made to abstain from stimulating food and drink, as these were found to excite the morbid manifestations of his mind. Under this regimen he seemed to recover his wonted spirits; but in one of his sane moments he suddenly put an end to his life by cutting his throat. On dissection a peculiar appearance was found circumscribing the dura mater and the pia mater. Thus the most distressing results may occur, not only from an innate physical derangement of the brain, but also years after external injuries.

Dr JOHNSON, in remarking on this case, considered it analogous to that of Sir Samuel Romilly, who, after cutting the carotid artery, made strenuous efforts to stop the hemorrhage, and was found in the act of applying a wetted towel for that purpose.

Dr URE exhibited a dissection of a series of muscles, being the proper rotators of the individual vertebræ of the back. They arise from the transverse processes, and ascend to the dorsal arch, and are the same as those elaborately pointed out by Dr Tyle, of Berne. They are more manifest in children, and are believed to be concerned in spinal incurvation. Dr Tyle found them in certain mammalia, immediately beneath the *multifida spina*, especially in monkeys, in the dog, and the bear.

Mr TOOGOOD DOWNING then read his paper on opium. It was a question of national importance, he observed, whether that drug were a justifiable article of luxury or not. We should not conclude or draw any inference on this head from the observance of individual cases; but from the countless numbers destroyed by it, the result will undoubtedly be against it. The effects of opium far exceeded in their baneful character those produced by intoxicating liquors, and this has long been so well known in this country that insurance companies have exhibited a great reluctance to insure the lives of opium-eaters. The memorable case of the Earl of Mar in 1828 was a striking illustration. That nobleman had insured his life to the amount of 23,000*l.*; but on application being made for that sum it was denied, on the ground of his being an opium-eater, the directors alleging that at the time they were not aware of the circumstance. An action was brought against them for its recovery, and Dr Christison and other medical men of reputation were summoned as witnesses,

and their concurrent testimony went to prove that he suffered debility only from his indulgence in the drug—that none of those effects which have been described as usually following the practice occurred in his case. The consequence was that the jury returned a verdict in favour of the plaintiff. It should be considered, however, that in this country it is not indulged in to the extent it is in other countries. All travellers have agreed as to its deleterious influence on the human constitution; the victim to its use invariably wasting away in a state of marasmus, suffering tortures in mind and body—a mere wreck of humanity, hideous to behold, until death puts an end to his miserable existence. In Turkey young men generally commence the eating of opium at the age of 20, and seldom, if ever, live beyond 30. In Egypt it is said to be eaten by the Mamelukes; but this the author considers very doubtful. In India its pernicious influence is characteristically seen. The Ryots not only eat it themselves, but actually compel their cattle and horses to swallow it when required to make any extra exertion. In the gardens where it is grown, among this tribe of Indians, the mere effluvia given out by the flowers occasions a great mortality. The Javanese, who make great use of opium, exhibit, to a frightful extent, the consequences which it produces on the mental powers, for they are not unfrequently seen running from street to street, flourishing knives in their hands, and threatening to murder every one who should come in their way,—so frantic does it render them! The deadly influence of opium as an article of luxury is, indeed, incalculable. Whilst spirits destroy thousands in America and England, it kills tens of thousands in Asia. But it would be of less consequence did it affect the individual alone who indulged in it; not only does it actually poison him, incapacitating him from all labour, but it subverts the dearest ties of kindred, and causes the neglect alike of parent, wife, and children. In China its consumption has been, of late years, on the increase. In 1816, 3,210 chests of opium were imported; in 1820, 4,770; in 1825, 9,521; in 1830, 18,760; in 1832, 23,670; in 1836, 29,111; and, in the spring of 1837, 34,000. Taking, therefore, 120 pounds as the average quantity contained in each chest, it would appear that 4,080,000 pounds of opium were actually imported into China in the early part of 1837. The number of births—which was formerly three per cent.—has decreased to one per cent., in consequence of the extensive use of this drug. No wonder, then, that the emperor should take measures to repress the trade, and finally seize whatever lay in his reach. Opium—begun in insignificant doses of a grain or part of a grain—is taken, among the Chinese, to the extent of two drachms, and the time comes, at length, when even so great a dose produces little or no effect, and becomes useless as a panacea. In disease it allays irritation, soothes pain, and acts as a powerful remedy; but, taken in health, it only lays the foundation of general disease. The author, having stated it as a fact that the practice of eating opium prevails among the higher classes of society in England to a greater extent, because insidiously, than is generally supposed, concluded by quoting the well-known passage from Coleridge, wherein that poet declares that, for the last ten years of his life, he had suffered extreme anguish of soul from having indulged in opium, and attributes most of the crimes of which he had been guilty to such culpable indulgence.

Mr Alcock considered that the action of opium was merely that of a peculiar variety of stimulus—that it differed from the effects of spirituous liquors mainly in degree—and, from a case which had recently come under his observation, that the habit either of eating or smoking opium might be eradicated. The case to which he alluded was that of a man who had been admitted into the hospital, and who, after having stolen a quantity of opium from the surgery, was brought before him for inquiry. He confessed that the act arose from his being an opium-eater. Mr Alcock determined to try what would be the effect of keeping him for a time from his favourite stimulus. He therefore prevented any from coming within his reach, and the man in the mean time became maniacal, and attempted to cut his throat. Acting on the principles laid down for the cure of delirium tremens, he administered to him two drachms of opium, and the relief was immediate. Despite the violence of the patient, he gradually diminished the dose, until eventually the man was discharged, freed from the pernicious habit.

Dr Johnson could not agree with Mr Alcock in his opinion as to the analogy between the effects of opium and of spirits. Let any one suffering from pain or irritation separate the opium from the alcohol in a given quantity of laudanum—let him take the spirit, and his irritation will be increased; but if he take the opium he will be solaced and instantly relieved. Enter a room in which there are a number of persons excited by drink, and noise, bustle, and riot prevail: not so, however, with those who have taken opium; for, after inhaling even one whiff of it, they will remain quiescent for hours together. It was a curious fact that, as teetotalism increased in this country, so likewise did the sale of opium. The insurance companies seemed to be aware of this, and Dr J. was told that it was the determination of more than one to increase the amount of the premiums.

Mr Gregory Smith mentioned some cases, showing the excessive stupor which often arises from an overdose of opium. He believed that it passes through the alimentary canal unaltered.

Mr Clarke was of opinion that opium and spirituous liquors counteracted the effects of each other, and mentioned a case in illustration.

Mr Winslow took up the cudgels in defence of opium. He referred to the experience of Dr Burns, who had resided at Cutch and at the court of Sinde, and extensively associated with opium-smoakers, and who had been led to the inference that it was far less pernicious—that it affected health and longevity in a less degree, than most people imagined.

The hour of adjournment having arrived, it was unanimously resolved that the question should be resumed at the next meeting, on the 11th of January.

LUNATIC ASYLUM SYSTEM.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

"If these things are agreeable to reason and truth, pay regard to them, if not, reject them."
Justin Martyr.

Sir,—In addressing you on the necessity of the study of mental diseases, by both pupils and practising members of the medical profession, I feel persuaded that you will immediately agree with me as to its great importance, and therefore make no apology for requesting the insertion of a few observations.

I am sorry to state that the knowledge of mental diseases is, in this highly favoured country, confined to a few individuals, whom Lord Brougham once facetiously denominated "*mad doctors*," and who for their own private emolument monopolize the whole public and private treatment of those unfortunate sufferers labouring under an aberration of intellect. Upon this point I have nothing to say, but the great fault I find with the medical officers of public lunatic hospitals and asylums is one, which I sincerely trust their own good sense will cause them to reform, ere a parliamentary enactment shall compel them to effect a grand change in reference to this important branch of human pathology. I say, sir, let them immediately throw open the doors, not only of the public metropolitan lunatic hospitals of Saint Luke in the Old street road, of Bethlem in the Saint George's road, Lambeth, of the Middlesex county pauper asylum at Hanwell, but also every provincial lunatic asylum in the three kingdoms, to pupils and the members of the medical profession generally, so that every one who thirsteth after knowledge may drink his fill. Surely these gentlemen, and the governors of these public institutions, cannot wish that the benefits they confer upon suffering humanity should be hid under a bushel; they can have no honourable reason why the treatment they adopt for the relief and cure of the various grades of insanity should be obscured and concealed from the public, and especially from the criticism of their professional brethren. Why, sir, let me inquire of the numerous readers of your impartial journal, are these public establishments,—which, I believe, are partly supported by large parliamentary grants, and mainly by the immense revenues arising from estates from time to time left by charitable and pious individuals,—permitted to exist almost unknown to the country at large?—and this too at a time when, through the great increase of *drunkenness*, mental alienation is so much on the increase, that two immense wings have been added to Bethlem hospital. In this instance the inhabitants of Great Britain and Ireland are the losers. During the whole of my pupillage from 1821-24, I never heard the learned and talented professor of medicine, Dr George Gregory, deliver a single lecture on mental diseases, constituting what the public understand by the term "*insanity*," and I believe none are delivered at this moment, numerous as the schools now are. The time is not far distant when I hope to see the evil I justly complain of eradicated; but my wish may be briefly summed up in a few words, and if the keepers of private lunatic asylums would but agree to my proposal, they would soon be recognized among the public benefactors of their country.

First. That pupils and medical practitioners of all classes of the profession study these diseases, as in other public hospitals, either *gratuitously*, or on the payment of a small fee, to be added to the funds of the charity.

Secondly. That a course of general lectures on the numerous diseases constituting *insanity* be regularly delivered by the physicians and surgeons during each session, illustrated by cases, morbid specimens, drawings, casts, &c. &c.

Thirdly. That regular clinical lectures be delivered three times a week at least, from the most important cases, by the respective medical officer or officers under whose care the patient may be placed.

Fourthly. That a properly arranged case book be kept by one or more of the resident medical officers, which shall be open for the inspection of the students and such medical men in practice as may feel disposed to attend the practice of the institution, and who shall be allowed to copy all or such cases as they may deem the most interesting.

Fifthly. That it be a standing regulation of the hospital, that each pupil be desired to keep notes of the most important cases which may have come under his observation; and that at the end of each medical session, prizes of gold and silver medals, valuable books, certificates of honour, &c., should be given by the governors to the pupil or pupils who have acquitted themselves the most creditably at a public examination, and have preserved the best book of cases properly classified and arranged for reference, a copy of which should become the common property of the institution.

Sixthly. That no pupil or medical practitioner be presented with a certificate or testimonial of his abilities or attendance until he shall have undergone a public examination by a court of examiners (not their professors, or the medical officers of the hospital), appointed either by the crown or the governors (or both), for that specific purpose.

Seventhly. That the governors (or the crown commissioners in lunacy), offer annually a prize of not less than 20 guineas in value, for

he best essay on some species of mental iberration, open to the profession at large, :nexpting those gentlemen exclusively prac-ising the treatment of these fearful diseases.

Lastly. That the councils of the Royal Col-ges of Physicians in London, Edinburgh, and)ublin, the Faculty of Medicine in Glasgow, he Royal Colleges of Surgeons in the three ingdoms, the Board of Examiners of the ompany of Apothecaries in London and Dub-n, and the Directors of the Army, Navy, and ast India Boards, issue public notices, that a and after a certain date they will require estimonials of one or more courses of lectures n mental diseases, from all candidates for the espective diplomas and licenses to practise, ublic appointments, &c. &c.

I have, sir, to apologize for the length of this etter, but as publicity may, perhaps, benefit he profession and the public, by hastening he reformation of the abuse I complain of, I shall feel much gratified by your giving it an arly place in your excellent and independent eriodical, which I hope may receive that upport it so richly deserves.

I have the honour to be, yours, &c.

P.S. I inclose my name. A Lecturer.

STUDENTS AND SCHOOLS.

The number of students in London during he half session just completed, has been less han for the last few years. Several reasons nay be assigned for this, as the improvement f provincial schools, and their recognition. t is beginning to be perceived also that the profession is overstocked, and, accordingly, fewer persons are entering it, as is evidenced n the difficulty experienced in procuring ap-prentices or pupils. Of the pupils in town here have been a greater number in the Bo-rough than for some years past, and fewer at St George's. Indeed, the paucity of pupils in the northern and western divisions of the me-tropolis is great, as University College, Mid-dlesex Hospital, Sydenham College, and the North London School, all show. King's Col-lege has a greater number than it could boast of at any time since its establishment, though still holding its original position, in having fewer than any other public establishment. This slight increase may be accounted for by the prospect of an hospital. We shall see what the turn of Christmas will afford, and, as usual, shall give an article of advice to stu-dents, and information about schools.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

Navy.—Surgeons: R. W. Campbell, to the *Pylades*; Alexander Hastie, to the *Benbow*. Assistant Surgeons: J. D. Tweedale to the *Pylades*; Matthewson Corry to the *Victory*.

Army.—41st Foot: Assist.-Surg. Arthur Chas. Webster, from the 88th Foot, to be Assistant-Surg. vice Thomas Hogg, who retires upon half-pay. 88th Foot, Assist.-Surg. George Douglas Dods, M.D., from the Staff, to be Assist.-Surg. vice Webster. Hospital Staff: To be Assist.-Surg. to the Forces—David Lucas, Gent., vice Dods; James Alexander Fraser, M.D., vice Francis Hopkins, who retires upon half-pay.

Apothecaries' Hall.—Gentlemen who passed on Thursday, December 19:—Joseph Cox Baker, London; George Brown, Colne Engaine, Halstead; John Samuel Snook, Colyton, Devon; Henry Giles Charmouth, Dorset; William Sugden, Bath; John Henry Eccles, Plymouth, Devon; John Nixon Simpson; Frederick Charles Coward; Joseph Greene Wilson, Whitchurch, Salop; Corbett Johnson Cooke, Clay; William Robinson, Huddersfield; Robert Beeston Wright; and John Frederick Nicholson.

Extraordinary Medico-Legal Case.—On Friday the 21st, E. H. about 27 years of age, was brought into the Westminster Hospital at half-past two p. m.; she had just been discovered in a dung heap at the Wellington barracks, in a half recumbent position, the head and face being about three or four inches beneath the foul straw, which would, however, offer no complete impediment to respiration. When first taken from thence she was insensible, but quickly assumed a state of maniacal delirium. It was said that she must have been interred therein since about 8 p. m. on the 17th, a period of 90 hours. On the evening of the 17th she had been brought to the Wellington barracks, and was about to be given into custody for child-stealing, when she was suddenly missed, and could nowhere be found, though searched for in every direction. Among other places the dung hole was looked at, and two of the soldiers even trampled on it without discovering her presence. On her admission she was in a state of collapse, with scarcely perceptible pulse; great nervous delirium; the skin was saturated with ordure. By the assiduous administration of stimulus and other means, she soon became sufficiently rational to give the following account. While waiting respecting the child, a soldier, with whom she had been in the morning at the execution at the Old Bailey, told her she was a fool to remain there to get into trouble, and that she had better come with him. She followed him to the dung hole, and when she entered within the brick enclosure, he then forcibly endeavoured to violate her person, and on her resisting, he struck her a violent blow on the head, which rendered her insensible. On coming partially to herself, she heard the voices of two men who came into the inclosure treading about: she called out but was unable to make herself heard, and on the men's feet pressing upon her, she relapsed into a state of unconsciousness, from which she did not revive till brought into the hospital. The left side of the chest appears much compressed where she complained of much pain, and there is slight œdematous swelling of the left eyelid. The pulse was rapid, weak, and irregular, and the tongue was thickly coated with dark brown moist fur. Brandy, &c. were ordered at intervals, and an enema caused a copious dark fœtid evacuation; calomel was also administered. Towards evening she appeared inclined to sink rapidly. 22nd. Continues much the same; is tranquil, almost lethargic, but can readily be roused. The bowels have acted again, and the evacuations have been similar to the last. Takes nothing but a little brandy. 23rd. Remains in the same state. She is ordered a dose of calomel and some effervescing aperient, with the addition of a little ammonia every few hours. Complains much of pain in her head.

A New Candidate for Mesmeric Fame has appeared in the person of Mademoiselle Estelle. Her achievements are chronicled by M. Despines, a physician of Savoy, with a view to the conversion of unbelievers. The demoiselle was eleven years of age, and afflicted with spinal disease, when she persuaded herself into hearing angelic concerts, in which her papa took part, and this spark of magnetic endowment it fell to the lot of M. Despines to fan into a flame. With the frost of sixty winters in his blood, he feared his magnetic emanations would not be sufficiently potent to perfect the spell; but the results showed his fears to be vain. A severe fit of mysterious yawning ensued after the first sitting of an hour and a half's duration. At the second she saw grains of fire, and assured the doctor that he was a veritable warming-pan; his fiery heat diffusing itself through her frame, she became endowed with Pythonic inspiration on the subject of her diet—more especially asparagus. At the third sitting, without having recourse to the ordinary ocular apparatus, she saw, with the eyes of the spirit, the hand of M. Despines, and also her grandmother. An angel, who kindly interested himself in her welfare, recommended her to eat and drink whatever she fancied, especially recommending syrup of gooseberries, and also ordered her to have her own way in everything. In turn she now imagined M. Despines to be a cat—a sheep—a goose, which he, good man, in a perfect spirit of self-contentment, set down as hallucinations, though we have some faith in the truth of the revelation. One day, Mademoiselle Estelle took it into her head to enter a reservoir of water, as far as her stature and the depth of the fluid were compatible. She there remained fixed as a statue of monumental marble—a very naiad of the flood. M. Despines was *au desespoir*—he ran along the margin of the water, clucking like an old hen, whose cluckling brood have sought their native element. He went through the mesmeric manœuvres with untiring energy—vainly, alas! though he sweated at every pore. Despite his years, he was now about to plunge into the waves to save Estelle or perish in the attempt, when a luminous idea shook him—he plunged his index finger in the water and loudly pronounced the young lady's name, when, as at the behest of Pygmalion, life and motion are imparted to the charming statue, and she returned to terra firma.—*Gazette des Hospitaux*.

There has been lately a deal of squabbling among the vestry of Southwark, relative to the neglect of Mr Evans, the parish surgeon, while attending a child with scarlet fever, in consequence of which the little patient died; and a vote of censure has been almost unanimously passed upon him. It appears that, though her case was a very aggravated one, he had visited her only on alternate days, and that for a few minutes. There is no novelty in this, however: what else can be expected from any class of functionaries manufactured of the "New Poor Law?"

Vaccination.—Increased publicity has been given, by a reprint in the 'Times' of last Saturday, to the Report on the Present State of Vaccination, made to the Provincial Medical and Surgical Association, at its meeting in Liverpool. Dr Baron, the author of the report, after adducing a number of facts and arguments, arrives at the following conclusions, which may advantageously be repeated; that it has been proved that cattle has been afflicted with small-pox; that this disease has existed among the inferior animals simultaneously with man, and prevails at this time in Asia in a fatal and pestilential form; that it appeared in England in the years 1745, 1770, and 1780; that it occasionally still shows itself with considerable severity; that the transmission of this disease to the milkers in the dairies of Gloucestershire, and their subsequent immunity from its human variety, first led Dr Jenner to establish it in his practice; that when it appears in inferior animals it produces, by inoculation, a disease of similar severity in man; that as a man has received this affection from the cow, so likewise has the cow received it from man; and lastly, that the direct inoculation of the cow with human small-pox has produced a mild and mitigated disease, thus proving Dr Jenner's fundamental proposition, that cow-pox and small-pox are not *bonâ fide* dissimilar, but identical, and that the vaccine disease is not the preventive of small-pox, but the small-pox itself in a mitigated form.

Obituary.—On the 16th instant, at his residence, Cheltenham, Richard Warren Coley, M.D., R.N.

CLINICAL LECTURE BY M. VELPEAU,

DELIVERED AT L'HÔPITAL DE LA CHARITE.

HYDROCELE.

The testicle in hydrocele is found in very different conditions. If the disease has its origin primarily in the tunica vaginalis, we shall only find it slightly depressed or flattened, or slightly atrophied; whilst, on the contrary, should the disease commence with orchilis, we shall then find it to a greater or less degree enlarged, the epididymis hard and swollen, prolonged both superiorly and inferiorly, and extending to both sides; its situation is advanced towards the anterior surface of the testicle. There is true hypertrophy of these parts, with occasionally small hard tumours of a whitish colour, or true cysts, also to be found on the surface of the testicle and epididymis, or in the substance of the tunica albuginea. These may and do sometimes acquire a considerable size, and vary in number. I have seen some as large as a walnut; when they exist the tunica vaginalis has invariably formed some adhesions reaching from one side to the other, in the form of a bridle, and thus dividing its cavity into cells; this circumstance you will meet with very frequently.

The cord likewise presents circumstances worthy of our notice. Thus, if we find the parts composing it separated from each other and spread out, but normal in every other respect, we shall mostly find the arteries and veins of the scrotum considerably dilated.

The shape of the tumour varies exceedingly, but we may always notice that it presents a transverse contraction about the centre, thus giving it somewhat the form of an Indian calabash, carving slightly forwards on its anterior surface, and its length is much greater than its breadth. In other cases it assumes somewhat of a kidney-shape, as if it were doubled on itself and singularly enlarged in its transverse diameter. In some there exists circumscribed enlargements or swellings in various parts of the tumour: the cause of these enlargements is that the coverings of the scrotum being unattached, they are distended in an unequal manner by the tunica vaginalis and its contained fluid. Occasionally the tumour retains the spherical shape completely, or with slight swellings, and at other times the base is situated above, the apex below; this, however, is rarely the case, the reverse being generally the form.

The most certain pathognomic sign in hydrocele has been considered the transparency of the tumour; but you must not, however, depend solely or too much on it. As a mere serous infiltration, for instance, into the cellular tissue between the scrotal membranes (more especially in children or in lean subjects where the skin is very thin), may deceive us. The hand being placed so as to grasp the tumour too obliquely, or not grasping it with sufficient force, the light or sight directed in an improper manner, may give the idea of transparency by throwing off the rays of light from the surface of the tumour and thus deceive. Transparency is not observed unless the fluid is pure serum; when combined with blood, when the fluid is of chocolate colour, or of the colour of the lees of wine, when of a milky whiteness, or of a greenish hue, transparency cannot be observed; nor can it be observed when the parieties of the cyst are thickened, altered in structure, and resembling cellular tissue, or cartilage, or when the internal surface of the sac becomes lined with fibrinous, or albuminous sheets, more or less thick. The deficiency of this transparency always indicates either a change in the structure of the parietes of the cyst, or opacity of the fluid, which brings it under the class of complicated hodrocele. In fact, under these circumstances, the disease is nothing more or less than hematocele. When blood is effused into the tunic it becomes, after the lapse of a few days, either decomposed, producing the coloured fluid which I previously mentioned, and with similar effects; or the fibrous and colouring matter become absorbed, leaving only the serum of the blood in a thick sac; but in neither case is there any transparency. In some patients you will find different phenomena; the transparency appearing at one time, then disappearing, and then returning; alternating, as it were, daily in this appearance. In others you will find it appear and be distinguishable, then totally disappear. The cause of these effects is the occasional effusion of a slight quantity of blood into the hydrocele, and thus obstructing the view. Such effusion may occur both in acute and in chronic hydrocele; its absorption again produces, and the next effusion destroys the transparency. These facts have been confirmed by the elder M. Berard.

A particular state of the spermatic cord, or testicle, may diminish, or totally obscure transparency for a certain time. The testicle is found doubled, as it were, on its posterior surface; occasionally, however, it may be turned forwards and outwards, or directly downwards; therefore, taking this into consideration, we can easily imagine how the testicle can impede the transparency, especially if our examination is made in a hurried manner. If the testicle or epididimus is at all swollen, the mistake may much more easily be made.

Hydrocele may be confounded with a great number of complaints; for instance—affections of the testicle, hernia, cysts formed on the testicle, or the epididimus, fatty tumours, &c. &c.; all of which require studious attention to assist diagnosis. We must, however, reserve them to another meeting.

ADVERTISEMENTS.

In one 8vo. volume, price 12s.

A TREATISE on DISEASES of the SKIN. By P. RAYER, D.M.P. Translated from the French, by WILLIAM B. DICKINSON, Esq., Member of the Royal College of Surgeons.

"We can recommend the present translation of Rayer's Treatise as an excellent companion at the bedside of the patient."—Lancet.

"The translation of Rayer has conferred a great obligation on the science of medicine in England."—Medical and Surgical Journal.

London: John Churchill, Princes Street Soho.

Lately published, price 5s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Opthalmic Surgery. The appended Vocabulary, denoting the origin of the names for the various diseases of the eye, is of great utility to the student."—European.

"Mr Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and explanatory additions which he has incorporated with the original text. Not only to the medical world, but to the public generally, we confidently recommend this manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. * * * A perusal of this work betimes would more avail than all the spectacles and lenses in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to hold a high rank in the standard medical library."—Leamington Spa Courier.

J. Churchill, Princes street, Soho.

DR D. B. REID'S WORKS ON CHEMISTRY.

In 1 vol. 8vo., price 18s., pp. 950, illustrated by 600 Wood-cuts,

DR D. B. REID'S ELEMENTS of CHEMISTRY. Third Edition. This Edition has been greatly extended, so as to present a full body of Chemical Science, Theoretical and Practical. It contains—

The General Principles of Chemistry, including the Atomic Theory, Heat, Light, Electricity, Galvanic Electricity, &c.

The Elements and their Compounds, including Organic Chemistry, the Experimental Illustrations of the Lecture Room, along with the Manipulations of the Practical Class, the Preparation and Application of Tests, the Detection of Poisons and Adulterations.

The Laboratory—Ventilation of the Laboratory, Miscellaneous Apparatus, Blowpipe, Tube Apparatus, Flat Glass Apparatus, &c.

A short Introduction to Chemical Analysis, with Select Illustrations of the Examination of Air, Mineral Waters, Soils, and Minerals.

Second Edition, in 1 vol. 8vo., price 6s., sewed,

2. TEXT-BOOK for STUDENTS of CHEMISTRY; comprising a condensed View of the Facts and Principles of the Science. By D. B. REID, M.D., Lecturer on Chemistry, Fellow of the Royal College of Physicians, formerly Senior President of the Royal Medical Society, &c. &c.

M'Lachlan, Stewart, and Co., Edinburgh.

SKEY ON ULCER.

ON a NEW and SUCCESSFUL MODE of TREATMENT Employed in the Cure of various forms of ULCER and GRANULATING WOUNDS. By FREDERIC C. SKEY, F.R.S., Assistant Surgeon to St Bartholomew's Hospital, and Lecturer on the Principles of Surgery.

Messrs Longman & Co.

TO MEMBERS OF LITERARY AND SCIENTIFIC INSTITUTIONS, &c.

Just published, price 5s. plain; 7s. 6d. India,

Dedicated by Permission to the Right Hon. Lord Henry Brougham and Vaux,

SPECIMEN of ORNAMENTAL WRITING, DESIGNING, and ENGRAVING; with a PORTRAIT of G. BIRKBECK, Esq., M.D., F.G.S., F.L.M.I., P. Meteor, L.S., &c. &c. By CHRISTOPHER BUNNING, jun.

Sold by R. Ackermann and Co., 96 and 97 Strand, London; C. Bunning and Son, 27 Bedford street, Covent garden.

REID'S MEDICAL BOTANY.

Second Edition, in 12mo., with Plates and Wood-cuts, price 8s. greatly enlarged,

OUTLINES of MEDICAL BOTANY, comprising Vegetable Anatomy and Physiology, the Characters and Properties of the Natural Orders of Plants, and Explanation of the Linnean System of Classification, and Tables of Medicinal Plants, arranged in their Linnean and Natural Orders. By HUGO REID.

"Decidedly the best introductory work on the subject."—Medico-Chirurgical Review.

"A very good little book, well timed, and well executed."—Medical Gazette.

"An elementary work on Botany, for the use of Students of Medicine, for which purpose it is well adapted."—Edinburgh New Philosophical Journal.

M'Lachlan, Stewart, and Co., Edinburgh.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other medical boards), and to receive certificates of the same, without extra fees.

House Pupils received, who have extra instruction. Apply to Mr Dermott, 15 Charlotte street, Bloomsbury.

Mr D.'s series of Anatomico-chirurgical plates to be obtained by application to him.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Wardrobe terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c.; also Fancy Labels in great variety. Ornamental Labels for Books and Drawers on Gold, Green or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	2s. 0d.
Large	1s. 6d.	3s. 0d.

In Books, Green or Yellow.

	£ s. d.
Small Size, containing 1,036 Labels	0 17 0
Middle Size, " 1,139 "	1 5 0
Large Size, " 833 "	1 14 0
The Three Sizes in One Book, containing 3,008 Labels	3 10 0

CATALOGUES GRATIS.

Engraving and Printing of every Description.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½ Holborn Hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

MR SCOFFERN continues to hold his PRIVATE MEDICAL CLASSES at No. 18 Bartlett's, near Aldersgate street.

Terms.	£ s. d.
Instructions for the Hall until qualified	5 5 0
Instructions for the College	3 3 0
Readings in Gregory and Celsus	5 5 0
Instruction for the degrees of B.M. and M.D.	10 10 0

Mr SCOFFERN will return the Fee to all those who may possess themselves at the Hall with his leave, and are unsuccessful.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1 15 0	for Ladies.
Ditto, double joints	2 5 0	for Gentlemen.
Ditto, standard silver	0 15 0	for Ladies.
Ditto, double joints	0 16 6	for Gentlemen.
Ditto, finest blue steel frame	0 15 0	for Ladies.
Ditto, ditto, double joints	0 16 6	for Gentlemen.
Ditto, tortoiseshell frame	0 10 0	for Ladies.
Ditto, best black buffalo horn	0 7 6	for Ladies.
Ditto, strong steel frame	0 7 6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 15s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£3 5 0
Ditto, Rosewood, inlaid with Pearl	4 0 0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	6 0 0
Most Improved Mountain Barometer	5 10
Ditto, Marine, from 3l. 10s. to	6 6

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 15. Vol. 1. LONDON, SATURDAY, SATURDAY 4, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

THE PHYSICIANS OF LEEDS.

There is, perhaps, no place where the possession of a medical degree obtains less respect for a man than in Leeds. The worthy burghers are, as a body, men of sound common sense, and, though not overburthened with education, have quite sufficient discernment to see that the title M.D. can be obtained with far less trouble than the diploma of the college, or licence of the hall, and being gained without merit, it is unworthy of regard, as incapable of conferring judgment, knowledge, or experience. Petty punctilio is disregarded, and if any man have superior abilities, greater learning, or more gentlemanly manners, than his titled competitor, he is treated accordingly, provided his good qualities are counteracted by no low vice. The Heys have far more consultation practice than any one of the physicians, and yet practise all the branches of the profession, and dispense their own medicine. There are upwards of a hundred gentlemen in general practice within the limits of the borough, but only five M.D.'s, and not another within eight miles, though the population of the district exceeds 400,000.

Of the five physicians, three are in rather extensive practice; the other two, Dr Wilson and Dr Disney Thorp, would be in a state of semi-starvation if their professional income was their sole means of support. They are both dispensary physicians. We know nothing of Dr Wilson. Dr Disney Thorp is notorious as a stupid specimen of the stupidest class of stupid Tories. Dr Hunter is a Scotch M.D., physician both to infirmary and dispensary. He has followed the advice of the Quaker; "Get money, Jock, honestly if thou can'st, but *get money*." He lectures on materia medica, reading with a broad Scotch accent poor compilations from Thomson and Paris, and occasionally adding some obscene anecdote extempore. He is the author of a book with nothing in it, about the Harrogate waters. He gives advice *gratis*, that is, writes long prescriptions and sends them to be dispensed where he gets half the profits. Dr Hobson is a gentleman of some provincial celebrity. With a showy person, fine horses, and engaging manners, he first drove, danced, and smiled himself into extensive practice, and latterly into the conquest of a lady with 30,000*l*., whom he has recently married. He has been physician to the infirmary for some years, yet the only communication he has ever submitted to the profession was about ten lines in the 'Medical Gazette,' on the use of croton-oil as a counter irritant. He does not lecture at the school, and is the only one of the officers of the infirmary who does not give clinical lectures. Dr Williamson, senior physician to the infirmary, and late mayor of the borough, is a gentleman who confers honour on his profession by a strictly upright and honourable demeanour. Before the irruption of Dr Hobson he had the largest practice in Yorkshire; but a few lucky cases were made the most of by the new light, and he was soon far a-head; Dr Williamson being disinclined to push himself forward. His consultation practice is still large, and he has, like his rival, lately married a large fortune. He lectures on the practice of physic in the school of medicine. At first his course was more fitted for the study of the well-read man than for the students who listened to him; but latterly he has become, in his own words, "more practical and less scholastic," and his lectures contain a sound digest on the subjects treated of, but, from a very unpleasant delivery, it requires strict attention to follow him. His style is decidedly bad, and this is apparently from negligence, for we have heard him speak remarkably well at a political meeting. His voice is good, person tall, and whole appearance remarkably classic. In another sketch we may, perhaps, portray some other of the lecturers in this provincial school.

Birmingham Clinical Hospital.—The Rev. Dr Warneford has presented one thousand pounds towards the erection of this institution. Dr Johnstone, the Rev. Chancellor Law, and other gentlemen have also contributed to a considerable amount. A meeting, it is expected, will shortly take place, when the foundation stone will be laid.

What Next?—A "Microscopical Society" is, we hear, about to be started, having for its object the encouragement of miscroscopical investigations. Professer Owen is to be president; Dr A. Farre, secretary; and Mr N.B. Ward, treasurer.

The total number of christenings from December 10th, 1838, to December 11th, 1839, has amounted to 19,019; and that of burials during the same period, 16,685. There have been also 832 still-born children buried, not included in this statement.

LECTURES ON SURGERY,

DELIVERED AT ST BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

ULCERS—THEIR DIVISIONS AND TREATMENT.

We observe, gentlemen, numerous and important modifications in the character and progress of ulcers, and these require a corresponding difference in treatment. Ulcers may be divided in the first place into *common* and *specific*. The latter, such as those of the carcinomatous, syphilitic, and scrofulous kinds, will be considered in other parts of the course. But even *common* ulcers, that is, those which arise in ordinary causes in constitutions otherwise healthy, are by no means uniform in their appearance or progress.

The character of an ulcer, and its progress towards healing, will be modified *by its position in the body*. Ulcers that are seated on the trunk—that is, near the centre of circulation, heal more quickly than those on the extremities, and those on the upper limbs more quickly than those on the legs, the dependent position of the lower extremities being unfavourable to the return of the venous blood. The *general health* of the individual exercises a considerable influence over the progress of ulcers. Thus the appearance of a sore is a tolerably good criterion of the state of the individual in whom it occurs. If a patient having an ulcer is seized with fever, you will quickly find an important change in the aspect of the sore. A healthy ulcer is one in which the restorative processes are going on favourably, as we see in individuals of sound constitution. The newly deposited substance in such an ulcer is of a firm consistence; the granulations are small and pointed, and do not rise above the level of the surrounding skin; the colour of the granulations is florid, as if the capillaries contained arterial blood. But even in an ulcer of this description the colour will depend a good deal on the attitude of the limb. For instance, though the colour of the granulations is florid when the limb is in an horizontal position, yet if it be allowed to hang long down it will swell and become livid, and some of the tender veins will give way, and blood will escape even in a healthy sore. The pus secreted by such a sore is thick, whitish, and moderate in quantity.

The *treatment* of a sore that is proceeding in this way you will immediately perceive must be very simple. You have only to cover it externally with a soft poultice, or simple dressing and bandage, and allow nature to go through the process she is performing so well. It may happen that the granulations rise a little above the level of the surrounding skin; and this daily happens in the process of cicatrization, which consists essentially in an extension of new skin from the margin of the old; and hence, when the granulations rise above the surrounding level, you apply corrosives, such as sulphate of copper, or nitrate of silver.

Indolent ulcers are seen on the lower extremities of old and unfavourable subjects, especially after a long application of poultices, or similar remedies. The granulations are large, pale, flabby, or spongy, and there is a copious discharge of thin pus. The limb generally is swelled and œdematous; the appearances, in fact, in the sore and in the limb generally, are those that mark a want of vigour in the parts. I have already adverted to the effect which position has on the return of venous blood, and thus in influencing the appearance of the ulcer. Of course the horizontal posture, both of the limb and of the body, is more favourable to the return of venous blood from the extremities than the perpendicular position. Hence you might suppose that in the case of a sore with the characters that I have just described, it would be best for the individual to be kept constantly in an horizontal posture—to lie in bed. No doubt

the blood returns more easily, and the posture is more advantageous to the natural process of restoration. But to confine a person to bed simply because he has a sore on the leg is, in many respects, objectionable; and a mere confinement to the horizontal posture is not sufficient to answer all the purposes necessary. In such a case we find that pressure has a great effect in promoting the return of venous blood; and thus it has a most beneficial influence where the veins are generally distended, and where tumefaction exists in the limb throughout. A person who has the leg swelled and painful, so that he cannot put it to the ground, or walk upon it, if he have the limb regularly bandaged from the toes upwards, will find immediately that he is able to hang the leg down, and walk upon it without difficulty. The main point, then, in the treatment of indolent ulcers, is the application of external pressure, which may be made either to the limb generally or to the part of the limb in which the ulcer is seated, but the most advantageous mode of applying it is to the entire limb.

Pressure may be made in this way by means of a bandage of calico or flannel, applied regularly and uniformly, and as firmly as the patient can bear it, from the toes to the knee. The application of such a bandage, if it be judiciously practised (and it should be a simple application to the part), will often do all that is necessary towards healing sores of this kind. However, of late years we have been in the habit of employing not only this *general* pressure to the limb in such circumstances, but also a more *particular* pressure to the part of the limb in which the sore is seated, by means of strips of adhesive plaister. You spread a little diachylon, or adhesive plaister, which is the same preparation rendered more adhesive by the addition of resin, or you take, what is a common application in many cases of this kind, the same plaister, rendered sufficiently adhesive by mixing a little tar with it (you find a drachm of tar, mixed with three or four ounces of diachylon, will give it the adhesive quality, and it will irritate the skin less than the ordinary adhesive plaisters); the linen, thus spread, is cut into slips, about two inches in width, long enough to encircle the limb, and to have about three inches over. These strips are applied to the part of the limb which contains the sore, two or three inches above and two or three inches below it. You make the application by putting the middle of the strip over the sound part of the limb, and passing the end of it over the sore, giving it such tightness as the patient can bear, but not endeavouring to apply it as tightly as possible. Then each successive strip covers about one-third of the upper edge of that already applied. Thus you put them on one after another till you have inclosed a sufficient part of the limb. You then apply a roller, from the toes upwards, in the way that I have mentioned; the application of the plaisters sometimes produces a slight degree of pain and heat in the limb; and under such circumstances, the parts should be put up for a little time, and a wetted rag should be put over it, so as to moisten the bandage.

In conjunction with this proceeding, you may adopt other local means to the sore. There are certain applications in the form of ointment and other things which are capable of exerting a beneficial effect on indolent ulcers of this kind. I believe, in general, that you will find the simple application of pressure will nearly do all that is wanting; but you may apply, in conjunction, the red precipitate ointment, or the citrine ointment. Heretofore surgeons made great use of *digestive ointments*, which produced a healthy secretion of pus, such as yellow basilicon. The nitrate of silver, or the sulphate of copper, may be applied in substance if necessary, or they may be applied as a lotion; and the same applies to the sulphate of zinc and oxymuriate of mercury. It is not necessary to keep the patient to his bed when an old ulcer is treated in this way; indeed it is of great advantage to him to use the limb, and, consequently, to follow his ordinary avocations. It is usual to dress the sores in this manner once in two or three days. Commonly these indolent sores, when left to themselves, secrete abundantly a thin and unhealthy kind of matter. When treated in the way I have mentioned, however, the quantity of discharge is diminished, and it becomes more consistent, so that there is no necessity for a frequent renewal of the dressings. I believe these indolent ulcers are what some writers have called *fungous* ulcers, the granulations being apt to rise up in considerable masses.

You will sometimes read of *callous* ulcers; and you see an ulcer in which the margin of the sore is elevated and indurated, and in which the highest part of the elevated margin becomes covered with a thick cuticle, which is rendered white and sodden by the application of moisture. The surface of the sore presents an excavation, which, instead of presenting a raised surface like the indolent sore, has a smooth cavity, as if there were no granulation, and in which there is a little discharge of a kind of pus, but in which there is no evidence of a disposition to the restorative process. Local stimuli and pressure are the means to be employed under such circumstances.

A varicose state of the veins of the lower extremities often leads to chronic inflammation of some portion of the skin, particularly of the leg; and the skin when thus inflamed easily passes into a state of ulceration. Thus you have a sore formed which depends on the varicose condition of the veins of the limb, and which has hence been called *varicose ulcer;* not that the ulcer is varicose in itself, but it is an ulceration of the skin, arising from chronic inflammation, which depends on the morbid state of the veins of the limb. In the first place it is expedient to put a stop to the inflammation of the integuments in this instance; and for this purpose you may apply leeches freely to the part, and afterwards a bread-and-water poultice. When you propose the application of leeches to such inflamed surface of the skin, the patients are often alarmed, and say, "Will not the leeches bring the skin to a sore?" They are afraid that the application of leeches will produce fresh ulceration. This is a groundless apprehension. The abstraction of blood locally has a powerful influence in removing the inflammation in the skin; and if you do that, you do a great part of what is necessary towards removing the ulcer. You find it then assume a healthy aspect, and that it will heal up under simple dressing and pressure.

An important class of sores is what we call *inflamed ulcers.* Inflammation is the source or cause of ulcerative absorption generally, as I have already explained; and the continuance of inflammation shows that ulceration is extending; nay, the supervention of inflammation in an unhealthy ulcer puts a stop to the healing process, and occasions the ulcer again to extend. Inflammation may exist in various degrees in ulcers, producing different kinds of unhealthy appearances in them, which are denoted by various terms. We hear people speak of *painful* sores, of *irritable* sores—and these, in fact, are only other words for sores that are inflamed. *Ill-conditioned* sores imply chiefly those in which there is a discharge of an unhealthy kind, arising from a state of inflammation in the sore. *Inflamed* sores, *sloughing* sores—these are only varieties in the degrees of that state which generally may be called *inflammation in the ulcer.*

When a high degree of inflammation exists in a sore, the margin of the ulcer is red, and very painful—frequently it is of a fiery red. The limb is generally swollen and hot. I speak of a case in which there is a considerable sore—seriously inflamed. The granulations visibly disappear, they are absorbed, and instead of a healthy surface you have an irregular excavation, of a foul, tawny yellow, livid, and sometimes bloody appearance. There is an unhealthy matter produced in the part, and streaks of blood appear in different situations on the sore. You will not expect sores of this kind to secrete good pus—in fact, nothing like pus appears in the discharge from them; but instead of pus, there is formed, in considerable quantity, a thin, fœtid, nearly watery fluid; or a kind of thin matter, coloured red by the admixture of blood; or sometimes a thick, viscid, glutinous substance of various colours. There are different kinds of unhealthy discharge from inflamed ulcers, which have been technically called ichor, sanies, and sordes;—*ichor* being a thin discharge like serum; *sordes*, a thin matter tinged with blood; *sanies*, a thick, bloody discharge. Under these circumstances, it will frequently happen that a part of the surface will slough, and if the sloughing process continue, of course the sore extends with great rapidity in depth as well as in circumference. It may happen that some vessels of considerable size are laid open by the sloughing, and that bleeding will take place from the surface of the sore; which, in fact, is not unfavourable under such circumstances for the loss of blood from the part empties the distended vessels, and affords a natural relief to the inflammation. Sometimes, instead of the process that I have mentioned, it appears as if the granulations were converted into a kind of greenish substance, from which a thin and very offensive discharge issues in considerable quantity; and the surface of the wound being inflamed, very great pain is experienced in the part. When this discharge is going on, it affects the system generally to a greater or less extent. If the causes of the state of the sore are neglected, or if there be not proper attention paid to it, such ulcers lead to considerable destruction of the part in which the sore is situated, particularly in the lower extremities. To the causes which we have mentioned by which the inflammation is maintained, we must add the further aggravation of intemperate indulgence in the use of fermented liquors.

The first object under such circumstances must of necessity be to put a stop to the inflammation. This respects the general employment of the means that have been mentioned under the term of antiphlogistic treatment—the general or local loss of blood, purgation, reduced diet, rest of every part. Of course local applications to such a sore must be of a soothing character—such as fomentations and warm poultices. I should mention, that when the pain is very considerable, and when the depletion which may be necessary has not removed it, it is often expedient to give a pretty good dose of opium after the loss of blood. By the continuance and repetition of these means you remove the inflammation, and then the case is to be treated according to the principles already mentioned.

It frequently happens that inflammation retards the healing of a sore. Although it is not attended with the obvious and striking changes that I have now depicted—although the inflammation does not go so far as to produce these serious effects, a slighter degree of inflammation frequently keeps up the ulceration, and prevents the progress of the restorative process, more especially in young persons, in those of plethoric habit, and in free livers. Again—where extensive ulceration has existed in the lower extremities, and where it is going on favourably towards a cure, the healing process will frequently be arrested, and the sore again spread, if we do not pay particular attention to regulate the diet of the patient—if we allow him a full quantity of animal food and the use of fermented liquors—or if we neglect the state of the stomach and bowels. We shall find, under such circumstances, that the patient will complain of feeling uncomfortable — of headache. On superficially looking at the sore, we do not see a change; but by examining it, we find the granulations are giving way—at a few points they are beginning to look foul and yellow. If you examine the limb still more attentively, you will probably find an unnatural degree of heat existing in it generally. Under the circumstances that I have now mentioned, you find it advantageous to take blood from the arm, to give the patient an active purgative, and to reduce his diet. You may generally, in cases of considerable ulcers, such as involve important parts, order the patient to be confined to his apartment, if not to his bed. It will be necessary that he should be quite on sick diet; it is totally unfit to allow such a person meat and fermented liquors, for if you do so, you will frustrate the attempts that are made locally for the cure of the ulcer. A strange notion often exists in the minds of medical men, when they see a large sore—that it is necessary to give the patient generous diet, and to allow meat and wine, that the system may support the discharge that takes place, while that very discharge probably arises from the state of inflammation in the limb. This is really only adding fuel to the flame, and is a most injudicious mode of procedure. Instead of doing this, you

often find it necessary, where the patient is on moderate diet, to take blood, to institute active purgation, and to reduce the diet still farther in the progress of cases of this kind.

When large ulcers are healing very rapidly, it is necessary for you to pay great attention to some points, in order to prevent the occurrence of other serious mischief. For instance, when an active disease of this kind is put a stop to, unless great attention is paid to the circumstances that I have mentioned, there is much reason to apprehend that some other part of the frame will become affected. I have in many instances seen in such circumstances, where persons have been allowed full diet, that the healing of the leg has been followed by apoplexy or palsy, or in some a serious disease in the chest or abdomen.

In the highest degree of inflammatory disturbance in an ulcerated part, I have mentioned that some portion of the surface will occasionally slough; and then you will have what is called a *sloughing ulcer*. If antiphlogistic treatment does not put a stop to the process of sloughing, and if the part does not separate, you often find some advantage in the employment of local stimuli, such as the balsam of Peru, or dilute nitric acid lotion. These applications are of great service in those cases in which there is a combination of ulceration and mortification, and where the pain is considerable, opium must also be employed.

That condition of ulceration which we call *phagedænic*, is most commonly seen in syphilis; but it is by no means confined to syphilitic disease. Phagedænic ulceration may occur under other circumstances. We see it frequently as the result of a considerable inflammation which occurs in the generative organs, particularly those of the male, where clap or sores may have existed. Where the complaint has been much neglected, a serious disease is brought on, which terminates in mortification. The prepuce mortifies, separates, and exhibits that particular character which we call phagedænic ulceration. Now the word *phagedæna*, which is derived from the Greek, means *eating into the flesh*;—in fact, the sore which we call phagedænic exhibits that kind of surface to which the name corresponds—it is eating away and destroying by ulceration and absorption the parts which it attacks. The sore exhibits nothing like granulations: there is an irregular surface, generally yellow or whitish, with a little matter here and there, something like streaks of blood upon it; the margin of the ulcer and the skin are red and painful, and the process of destruction in phagedænic ulcers is attended generally with considerable pain in the part. It is of course the first object in these cases to put a stop to the state of inflammation in the surrounding parts. Although you adopt means to do this, you often find that this ulcerative destruction continues. The parts are destroyed very rapidly, but the same pain continues; and, in fact, you find it necessary to resort to other measures besides those of simply removing the inflammation. After you have adopted these preliminary measures, and carried them as far as you think it possible, the most effective mode of treatment then consists in the local and general employment of *opium*, and that in a free manner. The severe pain that accompanies the process may originally have indicated the use of opium in these cases. The internal application puts a stop to the general *symptoms*, and the local application has a beneficial effect on the *phagedæna*. You give as a dose five grains of Pil. Sapon. cum Opio every six hours, so as to keep the patient under the remedy. You may also employ such local means as are necessary to prevent irritation. If the opium does not accomplish the purpose, you may foment the part with the liquor opii sedativus,—you may apply this, using one half of water, or simply cover the part with lint soaked in it; and in this way you find the most speedy removal of pain is accomplished in this description of phagedænic ulcers.

What is called a sloughing phagedæna seems to be the unhealthy state of a sore, which I have now described, carried to the greatest extent—phagedæna gangrenosa, a mixture of gangrene with a destruction of the sore by ulceration. The instances that we see of it in this hospital are chiefly in young females who devote themselves to prostitution. We are not in the habit of seeing it in male subjects; in fact, men are not exposed to the particular combination of causes which produce sloughing phagedæna. It is chiefly seen in those younger members of the sisterhood who frequent some of the lowest haunts, where they lead lives of the most irregular description; where they are exposed to cold, insufficiency of clothing, and all the causes which are likely to depress the system or the powers generally, while they attempt to stimulate themselves by the use of spirituous liquors. It is in females of this kind, especially the younger ones, that this destructive form of ulceration, called sloughing phagedæna, shows itself.

They have gonorrhœa, or perhaps sores, attended with discharge. Now it so happens, from the configuration of the female organs, that discharge is not always evacuated, and the matter is apt to gather about the parts. The parts become irritated, excoriated, and inflamed in consequence of these circumstances, and then they fall into the state that I am about to describe. The surface of the sore exhibits a reddish or brownish, and sometimes a yellow appearance, as if there were an intermixture of matter of a yellow colour; and we find, upon examining it, that there is a kind of pulpy case covering the sloughing parts; so that what you see is not, strictly speaking, the proper surface of the ulcer, but is a kind of unnatural decomposed state of the textures, produced by the action of the sloughing phagedæna. Besides the covering that closely adheres to these textures, there is a yellow appearance, as if from matter formed on parts of this surface, and you conceive that you could wipe off the matter with a probe and lint, but when you attempt to do so you find that it adheres closely. You find that the external surface of the sore is covered by a substance which is brownish, reddish, and sometimes actually black being portions of slough. From these sores there exudes a large quantity of thin, sanious, peculiarly fetid fluid, which will indicate the nature of the affection. Without looking at a sore in an individual in this state, a person who has seen one or two cases will be at no loss in knowing what is the nature of the disease. The margin of the sore is red, and very painful; and it extends with great rapidity, both in circumference and depth, and destroys the parts so rapidly that we can hardly say how it is effected; they seem, as it were, to make up this pulpy substance that covers the surface of the ulcer.

Now it appears to be essentially a local effect, or peculiar state of the sore, arising from local causes, for frequently the constitution is hardly affected. Even when a very extensive affection of this kind exists, you have the pulse perhaps a little excited by the want of rest; but you have the tongue clean, the appetite is good, the bowels are not materially affected, and there is no headache.

The first object in affections of this kind is to destroy the morbid surface which covers the sore, and this can only be accomplished by the very active application of escharotics. What we invariably use here for that purpose is the pure nitric acid. You dry the surrounding parts, so that the acid does not extend beyond the surface of the sore. You also dry the surface of the sore as well as you can with lint;—and then with lint wrapped round the probe, and dipped into nitric acid, you saturate the sore till you have acted on it by the acid so as to destroy it effectually, and it is reduced to a brown scar. It is a great object, in conducting a case of this kind to a favourable termination, to prevent the recurrence of the cause that produced the affection originally, and you must also take care not to allow any matter to rest on the surface of the surrounding skin. You will not want any other application after the nitric acid but dry lint, which you must apply frequently to the sore, to prevent it inflaming or excoriating the skin. You find the slough made by the nitric acid when it separates will lead to a clean sore, and that under the application of dry lint it will heal up, and you want nothing else in such a case except the application of nitric acid in the way I have now stated. I have seen many cases of sloughing phagedæna in females, producing sores nearly as large as the palm of my hand, cured by a single application of this kind. The application of acid is sometimes painful, and you will find it necessary to give twenty drops of tinct. opii; and when you have put a stop to pain in the part, the patient may be said to be well; in fact, no constitutional disturbance exists, so that the patient recovers very speedily.

I have mentioned that these occurrences generally take place in women of the town, under the particular circumstances that I have now stated; but it is by no means exclusively confined to cases in which the origin might be supposed to be *venereal*. I remember a very bad instance in this hospital, in a case that was under the care of Dr Latham, by whom I was requested to see it, on account of the sloughing phagedæna. It was a young woman who had had the small pox very badly. The disease had rendered her very weak, and diarrhœa came on. There was a considerable discharge from the vagina, and a constant moisture of the parts by a discharge from the rectum. Thus the skin of the nates became highly inflamed, and, in fact, a large excavation of sloughing phagedæna formed on each buttock, and she was reduced to a very low state by the disease. Dr Latham asked me what I thought could be done; and having examined her, I thought badly of the case, but that we might destroy the excavation in her buttocks, which were each nearly as large as a good-sized tea-cup, and possessing all the characters that I have mentioned. They were treated by nitric acid in the way I have described; she had port wine liberally allowed her, and, in fact, she got perfectly well. This was a cause of a common kind, in which you could not ascribe the effect to syphilitic disease.

Now, as far as I can understand the affection called *hospital gangrene*, it is the same as the sloughing phagedæna that I have now described. This is, by the French, called *pourriture des hospitaux*; and our term, hospital gangrene, is nearly a translation of it. Hospital sore, putrid malignant ulcer—these are terms under which it is described by those who have observed it in the naval or military service. It is an unhealthy state of ulcers, whether consequent on wounds or operations, or an ulcerative absorption occurring in certain situations, such as hospitals, prison ships, or other situations where individuals are crowded together in great numbers, and where the apartment cannot be well ventilated. It appears to be an unhealthy state of the ulcer, brought on by the local influence of foul atmosphere upon the sore. We find, under various circumstances, that the crowding together of human beings in a small space has a pernicious effect on all, without being able to point out how the occurrence is brought about. Now, in an hospital in this town, where the wards are capable of containing twenty patients, it would sometimes happen, from the crowded state of the hospital, that a few more patients were placed in the ward. This was done repeatedly; and at last it was found out, that, if ever the twenty was increeasd to twenty-four or twenty-five, typhus fever would break out in the ward. The extreme crowding in the ward produced the obnoxious effect that I have mentioned. It happened to me to have a young woman under my care in this hospital, who had a sloughing phagedæna: it was a bad case. The application of nitric acid had the usual beneficial effect, and the case was going on very favourably. She was in one of the public wards. It was necessary that one of the wards should be white-washed and cleansed; and consequently, although the patients were pretty numerous in the ward in which she was, a certain additional number were put into it; so that, in the ward which should have contained only fourteen, there were perhaps eighteen or nineteen. In two or three days this young woman, who was going on well, experienced a relapse; the state of sloughing again occurred, so that it was necessary to remove her from that situation.

This condition, then, of sore, which is called hospital gangrene, is to be regarded merely as a local effect, produced by this particular cause, or as a local unhealthy state of the sore—that is, it cannot be explained by any condition of any organ, or sets of organs, in the system. The sore in which this particular change takes place becomes painful, the margin becomes inflamed, and then the sore passes into the state that I have described. The granulations are absorbed; the secretion of pus ceases; a whitish substance forms in the sore, which

becomes thicker; a yellow fœtid matter mingles itself with this substance; it rises above the level of the surrounding parts, and under this external covering the ulcerative process extends very rapidly, and destroys the part with great rapidity. Although the patient's health had not been previously disturbed, of course the occurrence of such serious local mischief does affect the general system. The digestive organs suffer sympathetically. The patient, in the first place, has those organs disturbed, and in the progress of the affection the system generally suffers.

If there is anything of a contagious property in this affection, it is of course very important, in treating it, that those who are infected should be separated from others, both for their own sake, that they may be taken out of the influence that produces it, and also to prevent the propagation to others. It is a point not clearly made out, whether phagedæna, and sloughing phagedænic forms of ulcer, are capable of influencing others by their contagious property, or whether the circumstance of their appearing in a considerable number of individuals at the same time arises from these individuals being exposed to a common cause. We have not much opportunity of observing anything of this kind in such a hospital as this: from the wards being large and airy, and not crowded, no circumstances capable of producing hospital gangrene exist here. But in some institutions, where there have been cases of bad phagedænic disease, the patients that have had common ulcers, and have lain near them, have had their sores go into the same unhealthy state. This has happened in so many instances in my wards, that I cannot help believing there is some contagious influence observed—that there is some contagious property in this sloughing phagedæna, which is capable of affecting the ulcers of other individuals;—at all events, it is expedient, when anything of this kind appears, to separate those patients that are affected from those that are not.

The treatment, in other respects, is the same as I have mentioned for sloughing phagedæna. You have to destroy this morbid surface by some adequately powerful escharotic—the nitric acid, or caustic potash. The lunar caustic is not powerful enough. Aromatic vinegar has been recommended, but that is not powerful enough, for even caustic potash will hardly act sufficiently through this peculiar viscid mass of substance that covers the ulcer.

Botany.—Dr Daubeny read a paper at the last meeting of the Ashmolean Society of Oxford, explaining the new views with respect to the foundation and development of plants which have been put forth by Brown, Mirbel, Schleiden, and other botanists of the present day. It will be recollected that Linnæus left to his successors two branches of inquiry in a manner untouched:—First, in what precise manner do the stamens operate upon the pistils when they cause fecundation to take place,—and secondly, to what extent can we trace an analogy between these processes, in the case of flowering plants, where sexes exist, and in that of cryptogamous plants, where they are not discoverable. The first of these points has been elucidated by the researches of Brown, of Brongniart, of Ehrenberg, and others, who have shown that each grain of pollen, when it alights upon the stigma, sends forth a tube, caused by the protrusion of its own internal membrane; and that this tube penetrates the stigma, passes down through the interior of the style, and then comes into contact with the organ. The second point has been investigated by Mirbel, and more recently by Schleiden, in Germany. According to the latter, the reproduction and subsequent development of the more perfect plants would appear to be conducted fundamentally on the same plan as that of cryptogamous ones, the difference being merely in the higher or lower degree of vitality.

REMARKS ON SNAKE POISONS AND THEIR REMEDIES.

BY JOHN HANCOCK, M.D.

(For the Medical Times.)

It is with the bite of serpents as with that of the mad dog: hundreds of things are cried up as antidotes or remedies, because not one bite in ten takes effect, at least to prove mortal, and whatever is applied obtains the name of an antidote. It has been determined, to a sufficient degree of certainty, that not more than one case of hydrophobia occurs in twenty instances of the bite of rabid animals (See *Oxley's Medical Journal*, 1805, p. 33); and this refers to those only which have been proved to be really mad, independently of the vast numbers falsely represented as such.

Many harmless serpents are reported venomous, for instance, the parrot snake (coluber viridissimus of Lin.), because it resembles the poisonous Iguana serpent in its green colour; and also a small, but harmless snake, which is common at Demerara, called labaria, and thought to be exceedingly malignant; being confounded with one of the same name which is truly so.

The coral snake, a species of amphisbœna, so called, is regarded by the Spaniards of the Orinoque as a serpent of deadly venom. I had one of these in 1827 in my house. Finding it destitute of fangs, I allowed it to bite my hand, and it drew blood. Had it been a Venezuelian bitten, he would have resorted to the guaco, and after that he would make the "sign of the cross," and swear on every occasion that he owed his life to *the guaco*, after being bitten by "el *corál* —— el serpiente mas venenosa, que hai en el mundo!"

I afterwards gave it to my children as a toy; and they carried it about, coiled round their arms and necks, when it had the appearance of a bright coral necklace, intermingled with black bands.

Regarding this species of serpent, I may, by the bye, refer to the 'Monthly Magazine' for August, 1826, where the guaco is set forth as the best remedy for the bite of the coral snake, which is considered mortal if not immediately cured.

The reader will excuse these desultory observations. I allude to such misconceptions, from a persuasion that a love of truth will make him desirous of seeing such vulgar errors exploded, as they tend continually to mislead and chain us in error.

When a person is bitten by a venomous serpent, the first step should be to apply the mouth and suck the wound, and that immediately, without the least delay, which may be done by the patient or a companion; next, to open the wound freely with a knife or lancet by several cross cuts, and instantly suck it again as powerfully as possible, pinching up the skin and flesh deeply by the thumb and fingers of both hands, applied all round the wound, so as to impede the circulation through the part; then to fill the wound with some fine salt (or nitre) the juice of any of the aristolochias or other stimulant substance at hand; but the suction ought to be continued for a considerable time.

This method is actually practised, with the most decisive success, amongst the Parinagotos, Macosies, and other tribes inhabiting the mountains of Sibaroni and Parime, and that not only against the bite of the crotalus or rattle snake, but that of the quaima* and the haimararia, which are considered still more deadly than the crotalus. These are almost the only Indians who will undertake to cure the bite of these serpents. It is certainly the most rational, and indeed the only method which can prove successful, as it usually is when promptly applied, unless any of the larger vessels be punctured. In this case the venom may so speedily mix with the vital fluid as to preclude all remedies.

This operation, then, if promptly executed will be sufficient; but if some time has elapsed we must strive to counteract the effects of absorption;—to this end it is best to cause the patient to swallow a large dose of opium together with wine or other alcoholic stimulant and the juice of the buhyari (aristol. abuta), or infusion of other aromatic plants.*

The warm bath is a potent auxiliary; and if sweat is not soon produced, we should keep the patient whilst in the bath. If a warm perspiration comes on, the patient may, in general, be considered as out of danger.

This method, which is partly deduced from personal experience and partly from the usage of the natives, would seldom fail of success if promptly pursued, even in the worst cases from the bites of the rattlesnake and bush-master.

Many persons, unacquainted with the subject, and confounding all poisons, have expressed horror at the idea of applying one's mouth to such a dreadful poison as that of the bush-master. It would be folly to enter into a refutation of such an idle fancy. I will only observe, that although it could act on the mucous membrane of the mouth and fauces like arsenic, and with fifty times its force, still the small portion left in the wound, diluted with the blood, and with the saliva of the mouth, could produce no sensible effect whatever; but instead of acting as a caustic, like arsenic, corrosive sublimate, &c., it exerts no action whatsoever on the mucous membrane.

I have often tried on the tongue the effect of snake poison, as well as that of the worst poison. They have neither of them any sensible acrimony, and may be swallowed with impunity. They prove lethal by inoculation only, or by immediate contact with the system of nerves and blood-vessels through the medium of a wound.

The application of cupping-glasses to poisoned wounds was proposed long ago by Mr Hume, of London. They would, unquestionably, be very effectual, but can seldom be had at the moment required. The same mode of cure was directed by Celsus and others of the ancients.

Since these observations were made, I have observed, with surprise, that cupping has been spoken of as a new invention by an Englishman in Paris (*Dr Barry's Publication*), mingled with some doubtful theories respecting the circulation of the blood.

---

* This is the most lethal, perhaps, of all known serpents, and the largest of the venomous tribe. It grows to eight or ten feet in length, and has large poisonous fangs—seven in number on each side of the upper jaw. This serpent, when enraged, has the power of contracting its body to about one half its length, and swelling proportionably, which enables it to make a spring or project itself suddenly forward; whilst in this position it presents a very horrid figure with its enormous gape and projecting fangs. It is the crotalus mutus of Linné, and taken by Spix, and although but vaguely known to the Swedish naturalist, is yet better characterized by him than any subsequent writer. It is called, by the Arowak Indians of South America, koonu-kusi, *i. e.* bush master, or master of the forest.

Two perfect specimens of this serpent may be seen at the museum of the Zoological Society in Bruton street, presented by the writer.

* The sinuba, or native oil of laurel, is considered by others of the native tribes as one of the most powerful alexipharmacs, taken inwardly, and applied to the wound.

On the subject of alexipharmics I may observe, that those plants which are regarded as lexiterial, as antidotes or counterpoisons, are hiefly those eminently bitter, aromatic, and iquant, being the most powerful warm sudotifics. It is worthy of remark, and no slight roof of the ascribed virtues in such plants, hat in all ages and countries, amongst civiized and savage people, we find similar virtues scribed to plants of the above description. Ve know that the corymbiferæ afford many xamples of this sort; but the guaco, although f this natural order, is almost destitute of the ore-named sensible properties.

When we consider the perverse bent, the rroneous tendency of the human mind, and he sources of fallacy and deception just hinted t, it will not appear strange, that, amongst a leluded, superstitious, and credulous people, he plant should obtain such unrivalled fame, nd be admitted as a sovereign remedy, after eing so extravagantly lauded by so influential, o celebrated, and infallible a man as Don elestino Mutis, at once a divine and a botaist. I pretend not to any proofs against the ntidotal powers of the guaco, but I assert hat our evidences in favour of this reputed overeign remedy are of a most suspicious haracter; and before it is worthy of implicit onfidence, its powers should be duly investiated by direct experiments made for the urpose.*

Mutis, from whom Humboldt's account is hiefly taken, and almost copied verbatim (for have the MS. of Mutis, or a copy of it), sserts indeed, that, by inoculation with the uaco, the system is rendered secure, or unobnoxious to snake poisons, for any length of ime afterwards. But this exquisite item, we nay imagine, the learned baron thought rather oo much; for he has suppressed or made no llusion to it.

Another thing worthy of notice here is, that he name of Guaco or Bejuco de Guaco, in he parts of Spanish America where I have ojourned, is almost exclusively applied to different species of aristolochia, and not to a omposite or corymbiferous plant like the uaco of Mutis. May not Mutis have misaken a composite for the guaco of the people? f not, they have since, most of them, mistaken im! At all events, it is amongst the different species of *aristolochia* that the natives eek their antidotes.

BLOOD-LETTING PREVENTED.—It appears from the ewspapers, that two very enlightened members of he medical profession—a Mr Francis Kidd, of North Devon, and a Mr Lisker, of Combe-Martin —were about to have "a hostile meeting" on Christmas night; but their intentions being discovered, they were suddenly, and to their great hagrin, apprehended, and, after remaining a few ours in custody, bound over, themselves in 100*l.* ach," and two sureties in 50*l.* each, to keep the peace for twelve months: an effectual extinguisher of the warlike spirit of of these Trojans!

* This and the preceding paragraph are taken verbatim from the copy of a letter I wrote to the Secretary of the Phil. Soc. of Brit. Guiana (the Rev. Stephen Isaacson) in 1827; but, in the January following, we had the most direct and convincing proofs of the total inefficacy of the guaco: the fresh herb was tried by several gentlemen of that society on fowls, dogs, and several other animals, bitten by the rattle-snake and labaria, in George Town. Not long after this an occasion presented for proving it on the human subject:—A servant of Capt. Warren, of George Town, was bitten, whilst in the act of giving water or food to the reptile (crotalus durissus). The guaco was instantly procured, was given in large doses and applied to the wound, but without the smallest effect. The man died in a few hours after the accident.

CONDITION OF MEDICAL ASSISTANTS.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—The degrading manner in which medical assistants are treated by their employers is too well known. As one who has belonged to their body I claim the privilege, through the columns of your paper, of exposing this system of insult, and in order to do this I propose to relate a few incidents selected from my own life and the lives of others of my acquaintance when in that capacity.

Man ever loves to entwine around his memory that which has or appears to have connexion with the events of his own history, whether taken from the well-delineated portraitures of fiction or the more literal chapter of real life. Hence I can recal no part of the adventures of Gil Blas with such distinctness as that which relates his servitude under the renowned Dr Sangrado; and nothing in the writing of Smollett which affects me so nearly as that which discovers Roderick Random as the journeyman apothecary of the last century. And what man is there who has ever read the life of Oliver Goldsmith, but must feel pain in knowing that this elegant writer consumed some of his earlier years in a situation exactly similar to that of the hero of Smollett's creation? Who can wonder that he should prefer performing his pilgrimage through France and Holland, in the questionable character of an itinerant musician, rather than continue a life of such mortification. Passing, however, from my literary reminiscences of those who have done honour to the mournful position of the medical assistant I will at once enter upon my own story.

My apprenticeship was served in a populous town in a western county of England. The gentleman with whom this was completed was a man of great professional attainment, and had himself been educated in one of the largest naval hospitals in the world, so that my medical education progressed rapidly under his superintendence. His treatment of me was that of a friend and a gentleman. At the expiration of this period my circumstances compelled me, on reaching London, to seek the situation of an assistant, and at length, after some difficulty, I was informed that a certain apothecary, a resident in this extensive metropolis, required the services of a young man. I shall not easily forget my first interview with this man, who, if not exactly the apothecary of Shakspeare's time, was, and is still, no uncommon class of personage of our own—I must describe him. He was a young man of a pale and cadaverous complexion, with a great appearance of gravity on his countenance, his mouth being pursed into one unvarying expression of demure solemnity, and his whole contour bespeaking an air of affected and laboured intelligence. His manners (distinctive of many of the class) were constrained and formal. There was nothing, however, about him which struck me so much as his mode of attire. It appeared to me to betoken a rivalry between the priest and the mountebank in his occupation. I am fain to detail it, because I believe that in his, as in other instances of which I am cognizant, much of the success of his career was owing to this peculiarity of clothing. He wore a suit of a sable colour, cut in a precise fashion, hessian boots with enormous tassels attached to them, a hat with a most eccentric arrangement of brim, and a white cravat tied with such elaborate care, as though the accuracy of his diagnosis and the success of his treatment depended upon its orthodoxy. Such was the man to whom my mediculatory fate compelled me to apply. Sir W. Scott said he never felt so subdued as when first introduced to the Duke of Wellington. I never felt so strangely as on being made known to this London apothecary. Our conversation was short. I gave him my credentials, references as to my respectability, and abundance of proof that his spoons would be safe. He proposed to me a salary of 20*l.* per annum, and all the duties in which medical responsibility engages. Within a week I was a prisoner in his surgery. With this account of my first installation into the life of the medical assistant I will for the present conclude.

I remain, Sir, your obedient servant, A.

NEGLECT OF CLINICAL INSTRUCTION A THE MIDDLESEX HOSPITAL.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—Knowing your willingness, on all occasions, to forward the interests of medical students in every possible way, the students of the Middlesex Hospital would be exceedingly obliged if you could in any way induce the surgeons either to give clinical lectures, or regularly to make some remarks on the cases when going over the wards. According to the present mode of conducting this hospital, it is impossible for any one to reap advantage from what they have paid enormously for. I dare say you will be not a little surprised when I tell you that no clinical lectures on surgery have been given for *twelve months*; and, what is still worse, they have not yet a case-book in the hospital.

Now, sir, is it possible for any student, however industrious, to improve himself, according to existing circumstances. Pray do something to benefit us. I remain, &c.

A MIDDLESEX STUDENT.

[We willingly give insertion to the above letter, and hope it will have the desired effect. —ED.]

POISONING WITH COMMON SALT.—A surgeon, Mr Dodd, has written a letter to the *Durham Advertiser* relative to a case of considerable interest to the medical profession, in which a daughter of the Rev. R. Johnstone was accidentally poisoned byhaving had a large quantity of common salt administered to her. The nature of the case will be best explained by the following extract from Mr Dodd's letter:—"To be poisoned with common salt will sound oddly enough in the ears of your numerous readers, and they would little dream that a substance which is so bountifully spread throughout nature, and which, by its tonic and antiseptic powers, is the familiar and necessary ingredient in our food, and the great conservator of health throughout most parts of the animal world, should, when taken in excess, act as a rapid destroyer of human life. In this case, a large quantity (above a pound) had been mixed to be taken for the purpose of destroying worms, and I have little doubt that she had succeeded in swallowing nearly half of it; and so little did those around her dream of danger or death, that it was not till two hours after the taking of the salt that I was called to visit her. She was then in an almost total paralysis of the nervous system; and, although the stomach pump, and every other antidotal means that my professional knowledge could suggest, were employed, she sank and died in a few hours. The salt proved fatal by acting as an acrid poison on the mucous membranes lining the passages of the stomach."

Mr Balfour, surgeon, of Crossgate, Durham, generously distributed 40 stones of beef among the poor inhabitants of that township on Christmas-day.

TO CORRESPONDENTS.

H.—*The following is the formula for the Stomachic Bolus of the Hotel Dieu:—*

R. Ferri subcarbonatis,
Croci, āā gr. xij;
Magnesiæ calcinatæ, gr. xvij;
Cinnamomi; gr. viij;
Syrupi simplicis, q. s.
Ut fiat boli duo sumendi quotidie.

Trousseau recommends carb. of iron in gastralgia, and Mr Copland Hutchinson has used it in facial neuralgia with success. Dr Elliotson has given 3 iv. 3 in die; but such large doses are now rarely employed.

Mr G——h is a practitioner in the neighbourhood, and a member of the Temperance Society. Though a water drinker he delights in fire, as the waiter at the Stingo will aver.

STUDENS, U. C.—*We may reiterate what has been justly said of him before:—*

" With whate'er gall he sets himself to write,
His inoffensive satires never bite,
In his felonious *heart th' venom lies,*
It does but touch his stupid pen and dies."

It was the shop-keeper, *not the shop*-man, *who* at that time *met the just reward of his felonies at the hand of the law. If the man was worth crushing we would do it; but though we believe " Like master like man," we have no desire to soil our hands by hastening the inevitable and wretched fate of all who follow such courses. If he* will *put his neck into the halter why ———*

J. R. K.—*A chemist, one Bachelor, and two students. Stop till the pear is ripe.*

E. W.—*An answer sent by post.*

The letter which Dr Elliotson addressed to the pupils on the subject of his resignation of the chair of the Practice of Medicine and Mesmerism was received, and the document reserved for a more extended notice than we had room for at the time it was sent. Upon looking for it we find it has been mislaid, and should feel glad of another copy.

A PUPIL.—*The funeral of Mr Joshua Brookes was very plain, and attended only by Mr Brown, of Berners street, as chief mourner; Mr Devonald, of Great Titchfield street, and Mr Copland Hutchinson, of Duchess street, Portland place.*

OF ABERNETHY *the following has been recorded:— This eccentric surgeon, returning from St Bartholomew's, was walking up Holborn, when he overtook poor Men—g, and having entered into familiar conv rsation, observed he had missed M. for some time from lecture and the dissecting room. Poor Jack, with tears in his eyes, told Abernethy he was involved in debt, and that as his parents were overtaken by the shafts of adversity, they could not grant him the necessary funds to prosecute his studies. " To what amount are you in debt?"— " About* 80*l., sir," answered poor Jack. " Well, call upon me to-morrow at ten o'clock. He was at the appointed time in Bedford row, when a sealed letter was presented to him, on opening of which he, to his utter astonishment, found a check for* 90*l.*

DOCTOR ELLIOTSON *stands in a much higher position than his obsequious imitators, who, watching with a hawk's eye the progress of it, the moment they supposed that animal magnetism arrested the attention of the feeing part of the public, stepped boldly forward and commenced operations on their own account. These high-minded individuals were even louder in their puffings than the most hardened quacks—the press teemed with their lucubrations—their doors were thrown open to the public—Okey upon Okey mad: her appearance, and everything promised a good harvest, until in an evil hour the whole herd were put to flight.*

HOW TAYLOR AND WALTON *came to publish Hake's book we cannot guess, as they are cunning people. Did they wish to pay a* compliment *to Mr Kiernan? Quain's Anatomy is being superseded by the work of Mr Wilson of Sydenham College. Turner's Chemistry lies on the shelf. Davis's four guinea book is a dead weight. Quain's plates hang fire. The world is now aware that Dr Jones Quain has just as much to do with them as we have. He* lent *the* rejected of Fleet-street— the partner of Hessey, *his powerful name, and that is all. Müller's Physiology is their sheet anchor, but it is not* copyright, any one may translate and print it. *They deserve the fate that awaits them.*

Mr Davies Gilbert was the patron of Sir H. Davy.

PRACTITIONER.—*The examination at the London College of Physicians occupies three days, beginning at ten in the morning, when the questions are given to the candidate. Ample time is afforded for writing the replies. A verbal examination is also enforced —sometimes in Latin, but oftener in English.*

MIDDLESEX STUDENT.—*It shall be attended to.*

We shall expose the system thoroughly—we have full particulars of the arrangements made by Mr T—, surgeon, of Cannon street, with the druggist round the corner.

RECEIVED—*Thoughts on Thoughts.—N.B.—Letter to Lord John Russell.—The Ear Dispensary v. the Lung Dispensary.*

THEATRICALS EXTRAORDINARY.—*On Saturday next*

MR WAKLEY
WILL
FOR ONE WEEK,
Make his appearance in his
ORIGINAL CHARACTER.
Further particulars in future Bills.

THE MEDICAL TIMES.

DEMONSTRATIONS OF MEDICAL REFORMERS.

GLANCING at the sad catalogue of dire abuses which last week occupied our attention, we were about to comment on their enormity, and descant on the best means of removing them, when the daily papers announced, with becoming dignity, the important fact, that " Mr Wakley and a deputation of the British Medical Association, waited on the Secretary of State with reference to the question of Medical Reform." Good. Our efforts have not been without effect. With a zealous determination to agitate the question until a favourable result was obtained, we called upon the self-elected champion of Medical Reform to redeem some of his pledges. Regardless of his threatened vengeance, nor mindful of his boasted power to "crush all who opposed him," we bearded this would-be *lion* in his den; and reminding him of what he once was,—recalling to his and his supporters' memories the promises he had made,—contrasting what the profession had done for him with the empty mouthings by which alone they had been repaid,—we forced him to exertion. He *felt* that it was requisite to do something; and, after venting his spleen in the columns of the 'Lancet,' and recounting the objects of "HIS LIFE," he got together a " deputation," and waited on the Home Secretary.

But even in this he has been behind-hand. The Dublin reformers had set the example, and a memorial had likewise been transmitted from Edinburgh calling for an alteration of the existing state of things. It is clear, therefore, that Mr Wakley was impelled by the torrent which he would have it believed he, and he alone, was instrumental in creating. We shall watch him closely. The Secretary of State promised to inform the profession, through Mr Webster or Mr Wakley, of the feeling of the government upon the subject of Medical Reform. This means little; but something by proper exertion, may be obtained from it. Having put themselves forward, the deputation must not be suffered to rest content with the mighty deed they have done; they must be kept to the collar, and while they do their duty must be supported by the profession. We are inclined to accept from them, or any other section of reformers, any morsel of assistance they are inclined to afford. If they, therefore, are anything more than the *tail* of Mr Wakley—if they are inclined to follow up the present demonstration by unsparing efforts in the same good cause—if they will keep the M.P. who has gained everything he possesses under the pledge of reforming medical abuses, to his text; and oblige him to *effect something* in return for the honours and emoluments that have been heaped upon him, *then* will we, and all true friends to the profession, be ready to award them all and every support which they may require.

But medical reformers must not be content to allow things to rest with this deputation, or any other small body. If they wish to reform the abuses under which we labour—if medicine is to be released from the trammels which now encumber it, each and every one must individually be up and doing. Those in the bustle of full practice may only be able to *see* and *inquire* how things go on; but such—and, alas! they are too many—whose talents are unemployed, while knaves, jobbers, and quacks are reaping the golden harvest—all such should busy themselves in hastening the advent of better times, when talent and industry would assume the high places, as they of right should do; and the toadies, the jobbers, and the quacks be banished to the slime and darkness in which they were originally engendered.

EXAMINATION AT COLLEGE OF PHYSICIANS.

OUR readers will perceive we have obtained the examination papers of the London College of Physicians. They will be perused with interest, more especially by students, who cannot fail to draw comparisons between this examination and those at the new University of London, the College, and the Hall. Distinct days are allowed for answering each paper. Seven answers one day, eight the next, and so on. The time allowed for answering is from 10 to 6. The *viva voce* examination is sometimes in Latin, sometimes in English.

NEW ANEURISM NEEDLE.

Of the various and onerous duties of a journalist, none gives more general annoyance than the fulfilment of the *critical* portion of his labours. Applications of friends, the bias of interest, and a thousand other influences, exert themselves to sway his judgment from the strict line of justice. Alive to this fact, we have been scrupulously careful to hold to the path of truth, and to avoid the solicitations of the syren *interest*, "charm she never so wisely." Unmingled and unmitigated praise has not been doled out—mawkish and cloying in its sickly sweetness—to every aspirant to the honours of the press. We have not praised a man because he studied here, or was friendly there; we have not pinned our faith to the sleeve of one professional "lion," or launched all our thunderbolts at another; but steadily and undeviatingly told the truth, the whole truth, and nothing but the truth.

With this determination, if we have had more frequent occasion to censure than to praise, the fault is not ours; but when occasion has been afforded, the duty of pursuing an opposite course, and bestowing just commendation, is hailed as trebly grateful. Such is now our task in reference to a new Aneurism Needle, forwarded to us by Messrs Thomas Read and Co., the instrument makers, of Dublin, the invention of Mr Leonard Trant. Without an engraving it would be useless to attempt an exact description of the needle. Suffice it, therefore, that its object is to *lessen the difficulty of placing ligatures on deep-seated arteries*. The embarrassments which frequently arise in performing this operation are sufficiently frequent and vexatious, and any plan for lessening them deserves attention Mr Trant's needle is simple in its construction, and evidently calculated to attain the object in view. In a published letter descriptive of it he says,—

"Many instruments have been invented, and various contrivances adapted to facilitate, if possible, this most important step in the operation for aneurism. It is neither my inclination nor intention here to discuss their merits or demerits, that being quite a matter of supererogation. This much, however, I must say, that they did not appear to me (any that I had an opportunity of seeing) to be so constructed as completely to overcome all the difficulties they were intended to obviate. Impressed with such feelings, and seeing the great want that existed in that branch of the profession, I was induced to construct this instrument; it is simple, without any complicated machinery that could, in the slightest degree, confuse the operator whilst using it; and capable, at the same time, from its peculiar mode of action, of placing either a single or double ligature round any vessel when denuded (no matter what its depth from the surface might be), with expedition, certainty, safety, and precision."

As its employment alone will fairly test its title to the praise we are inclined to award it, we would urge the profession in England to put it to such test, as we shall do forthwith.

THE IRISH MEDICAL CLUB.

As this body of truly erudite and intelligent philosophers is likely to have a most powerful influence on the destinies of the profession, by developing its resources and directing its energies, we propose, from time to time, to make our readers acquainted with their labours. Since our last, a solemn meeting was held, at which it was resolved that no time should be lost in making the public at large acquainted with their deliberations, it having been ascertained that all classes of society are waiting with impatience to learn the result of them. We perceive that it is not yet ascertained whether Sir P. Crampton or Mr Colles has accepted the invitation to join Messrs L'Estrange, Roche, Kilpatrick, and Hatchell, in taking charge of the management of the affairs of the club for the ensuing year—the advertisement still only ambiguously announcing that they have been "requested" to discharge this important duty.

In consequence of the opinions pretty generally expressed respecting the proceedings of the club, the members have judged it prudent to publish the following in the newspapers:—"As many gentlemen may have been inadvertently omitted in the invitations to attend this meeting, the committee beg distinctly to state, that no disrespect whatever was intended to any gentleman who did not receive a special notice."

Now, as this statement is rather at variance with notorious facts, we are anxious to reconcile the discrepancy; and it is curious enough that we should have better information on the subject than those immediately concerned. We therefore assert, without the slightest fear of effectual contradiction, that every man thus said to be "*inadvertently omitted*" was deliberately and designedly excluded; and that a waiter was placed at the door, with a list in his hand of those who had been selected, and with directions to prevent any one else from entering. We also happen to know that one gentleman at least, who, if not the superior of many of those engaged in this undertaking, is the equal of any of them, was thus insulted without the possibility of reaching the authors of such an act. As we are most anxious that this infant undertaking should, at its outset, establish a pure and unsullied character, we venture to offer the conductors one word of advice, and strongly to recommend, that if, on any future occasion, they should consider it expedient to attempt to fix a stain on the characters of those who happen not to coincide in their views, or give a preference to their tastes and habits, they will do it in such a way as will render an evasive and futile apology unnecessary.—*Dublin Medical Press.*

[It would appear that this club is an attempt, on the part of the anti-reformers in Dublin, to oppose the plans of the "Medical Association of Ireland," for obtaining "Medical Reform and Union." We shall watch these gentry closely.—Ed. 'Med. Times.']

A meeting has been held at Plymouth, when 600*l.* was subscribed towards the *South Devon and East Cornwall Hospital*, when it was also resolved, That a committee of fifteen subscribers be now appointed to prepare the rules and regulations for the government of the hospital—to solicit subscriptions—to make the necessary arrangements for the opening of the hospital; and that as soon as benefactions and subscriptions equal to two hundred guineas per annum have been subscribed, the committee shall convene a general meeting of the governors, to receive and determine on the rules and regulations then to be presented, to elect the medical and other officers of the institution, and to adopt such other measures as may be deemed necessary.

A letter of remonstrance and entreaty was sent from the College of Surgeons in Ireland to that in London, on the 16th ult., praying, amongst other things, that the council of the latter body would reconsider the proposal formerly made to them, to enforce proper attendance on lectures, and co-operate in a plan for obliging students to commence their studies early in the session.

A CHAPTER FROM THE CONFESSIONS OF A DISSECTING ROOM PORTER.

CONCERNING MYSELF.

——— Ye who listen with credulity to the anecdotes of Bob Sawyer, and pursue with eagerness the fortunes of Ben Allen,—who expect that the entire course will perform the promises of the introductory lecture, and that the deficiencies of the student will be supplied by the labours of "the grinder," attend to the history of Jasper Buddle, porter of a medical school.

Hurrah! there's a beginning at last, and I think very concise and original. If the reader has ever seen anything like it before, it is not my fault. There is an analogy of intellect in all great minds, and two eminent men have for once hit on the same style.

Writing a book appears to me to be a process very like kindling a fire in a Dr Arnott's stove—the chief difficulty is to begin. Once get your mind thoroughly alight, with a good draught of ideas fanning your imagination, and you will scribble on very well, provided, of course, you have not a kicking steel pen, that splutters with one nib while the other perpetually sticks in the paper, until you get in a rage, and dash it down on your table, swearing there is nothing like a quill at last.

My name is Jasper Buddle: you may have anticipated it from seeing it at the head of this article. I was (in the words of all biographers) born of poor but honest parents—a universal fate attendant upon genius, which seems to have preceded rather than awaited all the star-counters, machine-makers, rhyme-spinners, steam-improvers, and gas-generators, that have ever lived. Dulness and wealth, poverty and genius, are each to each synonymous: no man ever yet rode in his carriage that wrote a poem for his livelihood, and we may estimate talents of intellect in an inverse ratio to talents of gold, namely, that whichever way you take them, accordingly as one predominates the other sinks. A regular philosopher was never known to purchase a new hat, and a lecturer with a coat of Saxony cloth, glossy with novel lustre, is decidedly like every French anecdote of Buonaparte, or the change in a Christmas pantomime, or a gold fish winking his eye, a thing that never happened.

My parents were sensible people; they saw I was a clever child; they knew I had no prospects, and they placed me in the Sunday school, through the medium of a very respectable old maid, who used to come round every week delivering tracts for my mother to read, which, considering she had seven children and an oven to look after, was extremely likely, and which said tracts, moreover, my father generally converted into pipe lights when their donor had departed. What pleasure can young ladies possibly find in poking into dirty cottages, unless it be to give away little books that cost two shillings a hundred, instead of quartern loaves, to people that cannot read, or have not the time so to do if they could, and then call it—charity.

It was at the Sunday school that my genius first unfolded its wings, and my anatomical propensities first came into play, or out in earnest. I bled my fellow yellowlegs with a quill on the tops of their fingers; I caught mice and skinned them; I displayed the internal economy of frogs to an admiring crowd, and I was once detected endeavouring to extract a tooth for one of my companions with a horse pick. I stayed here two years, and might have remained two more, when I heard one day that a surgeon in the town was in want of a boy to groom his horse, answer the

door, clean the knives, take out medicine, empty the mortars, get up to the night bell, and a train of other medico-domestic offices. I jumped at the chance and caught it, and in another fortnight I had exchanged my flat worsted cap for a gold-banded gossamer, and was duly installed as deputy-assistant to Mr Paptwaddle, M.R.C.S., accoucheur, dentist, venesector, oculist, aurist, and all the other branches of his art, that the gigantic and unfettered mind of a general practitioner in the country delights to indulge in.

Mr Paptwaddle was a medical man of the old school, who never saw the use of changing the names in the pharmacopœia, and called his drugs by the titles they were known under in the time of Celsus. He was the confidential adviser of all the families, and the idol of all the monthly nurses, for miles round: he never seemed in his glory but when he was sitting up all night at a bad case, and I firmly believe, that rather than not be thus employed, he would have attended his own hens in their confinements. His wife was dead, but he had nine daughters, all of whom were married to medical men, so that when they were slack of business they visited one another for amusement. My time here was not very badly employed. I used to wash bottles, beat up pills, pound rhubarb and jalap roots for tincture, boil senna, and stir ointment, until I began to think that I was half a doctor myself.

"Jasper," my master said to me one day after he met me in the street with a six ounce mixture in my hand, that I was carrying out to a patient, "never carry anything without a physic-basket—it does not look professional. Never mind how small or how domestic the article is: it may be two ounces of coffee—it may be six shop eggs; always put them in a basket, for then people may think you are perpetually carrying out physic, and a bare packet of three draughts cannot be mistaken for anything else in the world—there is four and sixpence stamped on their very face." This was a good maxim, and I never forgot it.

I lived here five or six years, and picked up a great deal of general information. Master's assistant, Mr Tweak, who was a member of the college, a licentiate of the hall, with a salary of twenty pounds a year (I had four), was very fond of boiling dead birds, cats' heads, and old bones to make skeletons, and I used to help him put them together afterwards, so that I acquired a little knowledge of anatomy. At last Mr Paptwaddle took a partner in and retired, giving him a six months' introduction to his patients. I did not agree with the new comer at all, and hearing by chance that an odd man was wanted for the medical school in ——— street, I made application for the place. The anatomical teacher here was a London surgeon who had sometimes attended in the country with my old master, and knew something of me, so by his recommendation I obtained the place. Purchasing a fur cap, a black apron, and a pair of oil-skin sleeves, I began to follow my new avocation ———

ROCKET.

The French Academy of Sciences have lately awarded a gold medal of the value of 1,500 francs to Dr Bright for his researches on albuminous nephitis, likewise to MM. Martin Solon, and Rayer.—*Lancette.*

The Committee of the Middlesex Hospital have got up a subscription for the purpose of purchasing the valuable collection of anatomical preparations left by the late Dr Sweatman, and which were used by that eminent obstetrician in illustration of his lectures. The sum demanded for it by his executors is three hundred and fifty guineas.

REVIEWS.

Fallacies of the Faculty, being the Spirit of the Chrono-Thermal System. By SAMUEL DICKSON, M.D., formerly a Medical Officer of the Staff. Lectures 1 and 2. BAILLIERE.

"DR" DICKSON perpetrated a book some time ago which met its deserts at the hands of the reviewers, and we did hope that the experience would have made him wiser for the future. The present publication destroys this hope, and he has again, with dogged resolution, "writ him down an ass." With Quixotic hardihood he challenges the whole profession to do battle with him—a thing as likely as a tilting match between "mine Earl of Eglintoun" and a chimney-sweep. In fine, he puts himself beyond the pale of the profession, and having no knowledge himself, declares it to be worthless in others. Substituting the consideration of the human morale for that of the physique, we deem the doctor to afford a striking illustration of his own views. The publication of this pamphlet constitutes one of his paroxysms of folly, which have now recurred during a sufficiently long period. We beg to prescribe the free administration of opium and quinine for the morbid state, and heartily pray for his safe return to his sober senses.

Advice on the Care of the Teeth. By EDWIN SAUNDERS, Dentist, F.M. B.S., &c. London. WARD. Paternoster row.

THE best of the score of hand-books upon this fruitful topic. The great sale it has obtained is the best reward Mr Saunders could desire in return for this sensible and compact little tome. As its title imports, it is a book for the public rather than the profession.

Gnihtontuobaodahcum, &c. &c. &c. PATTIE, Brydges street.

SUCH is the most strange conglomeration of consonants which forms the title of a smart squib in ridicule of elections, medical and non-medical. The *veterinary* "science" has been chosen as the vehicle for the fun, which is eliminated in a series of reports, "having a tendency to show how no less a personage than the President of the Lunarian Veterinary College rolled off the stocks, and was launched into the sea of eternity, thereby leaving a vacancy in the college to be filled by the honourable fellows at their leisure; and how they, the honourable fellows aforementioned, did their very best in this important matter, which very best wasn't very bad upon the whole." After announcing the fact of the sudden illness of the President of the College, we have bulletins issued and reports made upon that most approved fashion, of which Sir Henry Halford is the great master, and the newspaper reporters the wholesale patrons. The ridicule is, perhaps, more forcible than elegant.

11 o'clock, P. M.

Our president is bringing up bile and oaths one after the other with wonderful rapidity: the former falls into a horse-pail; the latter, on to his wife's eyes and limbs. It appears that the good lady is boring him to have the opinion of a human doctor. Is he made to endure this purgatory in consequence of his wife's ignorance of the ineffable littleness in which the *jackass doctors* (J. D. is the veterinary equivalent to M. D.) justly hold the tribe of Galen? or is it because she is a woman? Alas! both may have their influence. But how gratifying must it be to members of all parties to hear of their worthy old president dying so game. May he continue to bring up oaths on the same question all night, and the dawning of to-morrow's sun find him a better man, is the addenda to my prayers of this night.

To-morrow, the banners of Professor Um Bugg must be unfurled; I shall just take another glass of brandy and water to drink "success to him," and then retire earlier than usual to rest, to admit of the fatigue I fondly anticipate for to-morrow.

9 o'clock, A. M.

He's dead!—an oath choked him in the course of the night; it is said that it slipped down his wind-pipe, and so choked him. Professor Codgers, A.S.S., was by his bed-side, and immediately performed the operation of tracheotomy, but without avail * * * It will also be fresh in the minds of our readers, the success which attended his operation of removing a dog's great toe-nail. Would to heavens that he had been as successful with our adored president; but it was decreed otherwise, and all must bow to fate. Professor Codgers is with us for the return of Professor Um Bugg: we make our first canvassing cruise this morning; after which, depend upon it I will write you.

1 o'clock, P. M.

Professor Codgers has arrayed himself on the side of Professor Twattle. Whence comes this duplicity? Is he a friend in the enemy's camp? We have our anticipations, which time must unravel—*I* forbear. Strange reports are afloat; one of which is, that President Maunder is a murdered man, and Professor Codgers a cut-throat. Other reports say that President Maunder died of the rupture of a blood-vessel whilst vomiting, and that Professor Codgers was settling a knotty point between two ladies of the cats'-meat fraternity, some distance off at the time.

11 o'clock, P. M.

I have received in the course of this afternoon a letter, signed "Michael Codgers, A.S.S." Its contents set forth, that the last report in my last communication was the correct one; for that at the time of the president's death (!) he, *Mike*, was settling the question—Is the Glutœus Maximus, Medius, or Minimus, the most nutritive muscle in the canine stomach?—which had been referred to his decision by two ladies of the dogs'-meat calling, wives of fellows of the college. It is not necessary to enlarge upon the scorbutic nature of that constitution; that must needs be physiologically engaged when a reverenced leader's end was near: we therefore leave Mike, with something savouring of disgust, to self-gratulations, the condolence of the ladies, and also to the enjoyment of the privilege which he has asked of supporting my candidate he may please; taking the liberty of congratulating Professor Twattle on such an accession to his cause.

Professor Um Bugg is in the best humour imaginable; he is in his own committee-room, from whence I retired to pen this communication. I hasten back, having been just informed that the question—Are biscuits or sandwiches to be the eatables during the performance of our labours?—is waiting for my casting vote. I vote for sandwiches; but that is "*entre nous.*"

BOOKS RECEIVED FOR REVIEW.

Cyclopœdia of Practical Surgery, &c. By W. B. COSTELLO, M.D., &c. Part IV. pp. 110. SHERWOOD.

The Medico-Chirurgical Review, No. 63, for JANUARY. Edited by JAMES JOHNSON, M.D., &c. and H. J. JOHNSON, Esq., Lecturer on Anatomy, &c. pp. 316. HIGHLEY.

A SURGEON IN QUARANTINE.—Tuesday morning our worthy mayor, J. D. Dixon, Esq., surgeon, was requested by a boatman to accompany him on a professional visit to a vessel in the Downs. Shortly after his arrival on board he introduced a new member to the community, and, finding matters going on favourably, prepared to make his parting bow. Judge of his surprise when it was announced that the vessel was under quarantine, and that he must gang along with her to Stangate Creek! The law, we believe, is imperative in such cases, and, *nolens volens* Mr Dixon is compelled to remain on board the prescribed number of days.—*Kent Herald.*

COLLEGE OF PHYSICIANS, LONDON.

EXAMINATION PAPERS FOR DECEMBER 1839.

FIRST EXAMINATION.—IN PARTE PHYSIOLOGICA.

1. Describe the relative position of the viscera of the abdomen as seen when the parietes are first laid open.

2. Describe minutely the anatomy of a portion of the intestine, including the last twelve inches of the ileum, the cæcum, and the ascending colon.

3. What is the distribution of the ganglionic system in the abdomen?

4. What are the functions ascribed to the spinal cord?

5. What nerves form the axillary plexus, and how are they distributed?

6. Give a general view of the absorbent system, and the means by which absorption is effected.

7. Describe the human ovum, and the progressive development of the fœtus.

(Short passage from Aretæus—"*De causis et signis Morb. Diut.* Lib. ii, cap. 2," to be translated into Latin.)

(Passage from Celsus, Lib. i, *Præfatio.*)

SECOND EXAMINATION.—IN PARTE PATHOLOGICA.

1. What are the leading distinctions in rheumatism; and in what form of it is metastasis to the heart most frequent?

2. What is the probable cause of dyspnœa in any given case, in which the sounds on percussion are good, but the respiratory murmur defective? Describe the disease indicated under these circumstances.

3. Distinguish the phœnomena of pneumonia from those of bronchitis.

4. Mention the diseases arranged by Willan and Bateman under the order Squamæ, and describe their peculiarities.

5. State those structural diseases of the womb which are *not* malignant.

6. What are the respective indications of cerebral anæmia and hyperæmia?

7. Distinguish enteritis into species; and state the symptoms, and appearances on dissection observable in each species.

8. What are the stages of confluent variola, and what are *unfavourable* symptoms in the course of that disease?

(Short passage from Hippocrates—"*Aphorism*, sect. iii, 24, 27," to be translated into Latin.)

(Passage from Heberden—"*Comment. de Crurum Ulcerebus*, p. 98," to be translated into English.)

THIRD EXAMINATION.—IN PARTE THERAPEUTICA.

1. Describe and explain the processes for the preparation of calomel and corrosive sublimate.

2. What are the preparations of digitalis? In what morbid conditions may they be used? Specify the doses in which they may respectively be given, and the precautions necessary in the employment of them.

3. Enumerate the various substances commonly used as emetics. Specify their doses, and the mode of administering them; and describe any differences that may exist between them as regards the nature of their action.

4. What is the constitution of alcohol, and how does sulphuric acid act in converting it into ether?

5. Describe the principles of treatment in apoplexy.

6. Describe the method of treatment in hæmoptysis.

7. What parts of the colchicum autumnale are used for medicinal purposes? Enumerate the preparations directed by the Pharmacopœia to be made from them and their doses.

8. What are the modes of treatment applicable to purpura hæmorrhagica?

9. Describe the process given in the Pharmacopœia for the preparation of hydrochlorate of morphia.

(Short passage from Hippocrates, to be translated into Latin.)

(Passage from Sydenham's *Op. Univ. Febris Pestilen.*, to be translated into English.)

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CLINICAL LECTURE ON FRACTURES, BY BRANSBY B. COOPER, ESQ., F.R.S., DELIVERED DEC. 14, 1839.

Gentlemen,—I have to-day to call your attention to the case of the man whose leg I amputated lately, very soon after the occurrence of a compound fracture. But before I do so I think it better to make a few remarks on the subject generally, as it is one of great importance, and claims considerable attention. The minds of the profession have been directed to the treatment of fractures, from a very early period in the history of surgery, and still you have only to walk into the instrument-maker's shop to convince yourselves, from the great variety of the apparatus employed, that considerable difficulty is still found in adapting suitable means to every case.

How do you know when a fracture has occurred? The appearance of a limb is often sufficiently striking to convince you of the nature of the accident, considerable deformity being produced by the displacement of the fractured extremities of the bone, either the result of the violence which caused the injury, or from the effect of muscular action. You have also unusual mobility of the limb; one portion of the bone can be moved while the other remains stationary; and then, to remove all doubt, you have crepitus on rubbing the broken ends of bone against each other. The obvious indication for treatment are, in the first place, to produce a coaptation of the ends of bone with the least possible violence, in other words, to set the fracture. The next object is to maintain the parts in apposition by the simplest mechanical means, so as to prevent deformity, and give your patient a useful limb.

Now there is considerable difference of opinion among surgeons as to the best position in which the limb should be retained; one of extension or semiflexion. Some writers, especially those of the French school, recommend that a state of permanent extension should be kept up, and thus afford the muscles the same support they derive from the bone itself. When the bone is broken, the muscles lose their natural support, and then they have a constant involuntary tendency to contract and derange the direction of the limb. This liability to displacement they oppose by a constant extending force. On the other hand, the first practical authority on the subject, Sir Astley Cooper, is decidedly in favour of the semiflexed position as a general rule. The muscles are thus rendered less capable of acting on the fractured extremities of the bone, and it is far more comfortable to the patient. The cases for which the state of permanent extension is most applicable are those where, from certain mechanical conditions, as a very oblique and smooth fracture, there is considerable tendency to longitudinal displacement: the ends of the bones slip on each other, and are very easily moved by slight muscular contraction. Here the extended position is that most likely to maintain apposition in an efficient manner. But no general rule can be laid down which will apply to all cases, for in some so much constitutional irritation is excited by the extending force exercised on the muscles, that it cannot be continued. No man can say, "Oh! I treat all my patients in one way, and they do very well." Suppose his patient had an asthma, and he intended him to lie on the right side, the man might know that position would bring on the most distressing symptoms, and he would not stay so an hour to save limb or life. I mention this to show that various constitutional causes exercise considerable influence over your choice of the means you intend to adopt. But when you do employ extension there is no necessity for laying aside the side splints, as some recommend; for if you do so the extension must be very powerful in order to overcome the action of the muscles, and this is very liable to excite considerable suffering. The muscles also are thus irritated, and when the patient awakes or any nervous excitement occurs, involuntary contraction of the muscles frequently takes place, and produces displacement. Suppose the muscles contract with a force equal to 20 pounds, if you trust to extension, you must, of course, apply force equal to 20 pounds, and even a quarter, in order to prevent the influence of that contraction. But if you use side splints, they will so greatly assist in maintaining coaptation that a much less powerful extending force will be sufficient.

The fracture is set by extension and counter-extension, but before employing these means the limb must be put into such a position as will relax those muscles which have been the chief agents in producing displacement. But do not attempt to bring the limb into its natural position before you have cleared the ends of the bone from each other by extension. Suppose the thigh-bone be fractured, and the foot everted, do not be trying to twist it straight before you apply the extending force; but do so in what we may call the abnormal direction, and then adaptation will be easy. In order to employ the mechanical force to the best advantage, and gain the greatest power of coaptation, it is desirable to make the extension from a part at some distance from the seat of injury, thus forming a long lever instead of a short one. Suppose the thigh-bone were fractured, and you attempted to extend by pulling above the knee, you would not only be causing much pain and excite the irritability of the surrounding muscles, but you would have far less power over the broken bone than if the extending power were exerted from the foot. The counter-extension is merely to afford a fixed point, and prevent the whole limb from obeying the power you employ. This also should be made at a distance; you should fix the pelvis before commencing the reduction of a fractured thigh. Generally speaking, the principal difficulty in the treatment of fracture is in *maintaining* coaptation or juxtaposition, not in *producing* it; but there are occasionally cases where there is some difficulty in the latter, as when one end of the bone has penetrated through muscle or fascia requiring to be liberated by incision before the fractured extremities can be brought into contact with each other. Thus a simple fracture—and all I have been saying has related to the simple form—is converted into a much more serious injury, compound fracture, and to this I must now turn.

A fracture is said to be compound when a wound of the integuments communicates with the fractured extremities of the bone. You may, of course, have a wound with simple fractures, but that does not constitute the compound species unless, as I said, it reaches to the fracture. It may occur at the same time and from the same force, and then it is generally most dangerous, as it shows a great degree of violence has been sustained, as in gun-shot wounds and heavy weights, as a waggon passing over the limb. John Hunter divided these into simple, compound, and compound-simple. The first class is where a fracture was at first simple, but afterwards became compound, and this is not of unfrequent occurrence. A man falls and breaks his leg; he attempts to rise, but is unable to do so completely, and falls again, striking the rough end of the broken bone through the skin. The same thing may occur from rough handling or carrying in a shaking conveyance, or from the spasmodic action of muscles, or from ulceration and sloughing of the soft parts. The compound-simple fracture is where the accident is at first compound, but the wound heals by the first intention, thus converting the case into one resembling the simple injury. Now, in the treatment of compound fracture, the grand object is to save life; the next, if possible, to save the limb; and then to render it as useful an one as the circumstances will allow.

There is, perhaps, no part of a surgeon's duties requiring more sound judgment and practical experience than that of deciding on the treatment to be pursued in a bad case of this kind;—whether he will make an effort to save the limb or whether that must be sacrificed to effect our first object, that of saving life. And here there are moral circumstances which must be taken into attentive consideration, and distinctions must be made between different classes of life. Suppose, for instance, the patient is a clergyman with

a large family totally dependent on his income for support. His valuable life decides whether they are to live in affluence or comparative beggary, and under such circumstances no man would be justified, in a doubtful case, in risking this life to save a limb which was not necessary to enable the party to fulfil his duties. On the other hand, take a labouring man. His family are equally dependent on him, but if you take off his leg you probably take away his means of livelihood; and if there is a chance, you should attempt to save the limb, even at some hazard to life. In all cases remember this, that if you put off the operation, you may never have another opportunity of performing it. Many are the cases I have seen where there has been reason to repent this delay. The operation has been postponed with the hope of saving the limb, but local inflammation and constitutional irritation have come on, and there never was another opportunity for operating. It is evidently, then, of the utmost importance to have a thorough acquaintance with the different points bearing on the question of amputation in compound fracture, and to know the circumstances which should decide you to operate at once, and not defer it till too late in a fruitless effort to save a limb.

Now, in deciding your practice, it is of the first importance to consider the constitution and habits of the patient, and the general symptoms which have arisen from the local mischief, for you may sometimes see us take off a limb immediately, and, another case, where there is much greater laceration of soft parts and exposure of the bone, will recover. The locality, too, is of great moment; and I dare say by the time some of you have been ten or twenty years in country practice, perhaps in colliery or mining districts where such accidents are very frequent, you'll begin to think that they were far too fond of amputation in London. Perhaps you'll scarcely have to operate once in three or four years. But here it is very different; the vital powers of our patients are enfeebled by confinement and impure air; and the class that are more especially the subjects of hospital practice, as brewers' draymen and the like, are particularly incapable of bearing injury. In the Norwich hospital it was a common practice to bleed freely on the first day, and repeat it again and again if necessary, and the success of the practice showed it to be most judicious; but here we are obliged to keep up the power, or the patients would sink. You would say then, that if the patient be old or enfeebled in constitution, or his health has been broken down by intemperance or habits of life, an operation will in all probability be necessary: also if there be very intense inflammation, or great laceration of the soft parts, laceration of a large artery, if the fissure extend into a large joint, if the bone be much shattered, or gangrene be commencing.

But suppose the case be favourable, and you decide on making the attempt to save the limb,—how would you proceed? Suppose the rough end of the broken bone protrude through the skin, and you find it cannot be returned when the limb is in the most favourable position, if the difficulty of reduction arise from the opening being too small, the plan is to dilate it by incision, and then it will probably return with ease. But if the protruded portion be very long, it will be better to saw off a portion, than to put the patient to pain from unavailing attempts at reduction, and the limb will then also be more useful, as it is far better to have a simple shortening from loss of bone, than an angular deformity from the overlapping of the fractured ends. Having set the fracture, and removed any bony spiculæ, the objects are to heal the external wound, obviate swelling and inflammation, and treat the general symptoms on common principles.

I must now illustrate some of these remarks by the case before us. Joshua Holmes, aged 39, admitted on the 10th of December, with a compound fracture of the tibia, which had occurred two hours before. He was admitted about noon, and I saw him half an hour after. As at that time he had scarcely recovered from the shock of the accident, and reaction was but just commencing, I postponed the amputation of the limb for an hour; feeling, however, at once assured that the limb must be sacrificed in consequence of the extent of laceration of the skin and muscles, and the length of bone which was denuded—a condition which the tibia is but little capable of repairing when deprived of the surrounding soft structures to assist in forming the provisional callus. Had I attempted to save this limb, I should have exposed my patient to a protracted confinement in the recumbent posture, and to the constitutional irritation inseparable from the process of exfoliation of bone. This, from the constitution and habits of the man, I thought him incapable of supporting, and, therefore, about four hours after the accident, I amputated the limb. The fracture extended so near to the tubercle of the tibia, that while the patient was in bed, where I could not so well examine the state of the limb, I feared I should have been obliged to amputate above the knee; but, by further examination, when on the operating table, I was resolved upon saving the knee-joint. This is a matter of the greatest importance, because the inconvenience of walking with a wooden leg is infinitely diminished when, instead of the extremity of a stump, a sound joint is left to support the weight of the body. I operated by making a flap of the calf of the leg, this being the only way in which I could obtain sufficient soft parts to cover the bones. The patient is doing well.

ON ARSENICAL FUMIGATIONS.

BY THE LATE DAVIES GILBERT, ESQ., D.C.L., &c.
(For the Medical Times.)

[The following extracts from a letter of this true, this unostentatious philosopher, have been handed to us by a medical friend to whom they were addressed, in answer to certain inquiries. As they are perfectly original, we have much pleasure in presenting them to our readers.]

"Since fumigations of mercury have been proved to be highly beneficial in certain cases, one may reasonably infer that other volatile substances, of an equally powerful nature, may act with beneficial effect on the human frame, for removing complaints under skilful and cautious management. But I would submit for consideration, whether this reasoning can by possibility extend to sanctioning fumigations either of arsenic or mercury, made without any pretence of caution or skill, and applied indiscriminately to large and mixed assemblages of people, or to individuals in different and even positive stages of health.

"I believe that arsenic, like all other metals, is not acted on by solvents while it remains in the reguline state; but it passes with the utmost facility into the state of an oxyde.

"In the mines of Cornwall, arsenic chiefly occurs in the state of a sulphuret. It is believed not to have any action whatever on the miners; but at the works for refining it the circumstances are very different.

"Ores of copper and of tin, which happen to contain much of this volatile metal, are taken to what is termed a burning-house; they are then exposed to a low red heat, which drives off the sulphur and arsenic into long horizontal flues, where, losing the temperature imparted to them, they resume the solid form.

"The company established by the late Richard Edwards, M.D., at Terran Arworthel, between Truro and Penryn, have access to these horizontal flues, either freely or for some nominal consideration, from whence the sublimates are taken to their works. There, however, the greatest possible precautions are requisite for securing the workmen from the effluvia; and, notwithstanding all these, men on their first coming are usually affected by blotches all over their bodies.

"Dated February 6th, 1838."

Obituary.—On the 24th inst. at his house at Eastbourne, Davies Gilbert, Esq., D.C.L. The loss of this gentleman cannot but be deeply lamented by every friend of science and humanity. His researches have been as varied as interesting; and he not only excelled in mechanics and natural philosophy, but rendered himself conspicuous by his devotion to every branch of knowledge by which the health and lives of his countrymen might be promoted. For several years enjoying the honour of President of the Royal Society, the company was courted by every scientific circle and special marks of distinction were, during a long life, conferred upon him by many scientific bodies on the continent and America. In his writings there occurs much which might be profitable to the medical profession, as, for instance, the effects of particular gases on the constitution, the mortality among different classes of miners, the influence of copper and arsenic as remedies in disease, &c. Still, although he was ever a favourite of the more enlightened of the faculty, no adequate notice has been paid to his contributions. He was, it will be recollected, a Member of Parliament for Bodmin previously to the passing of the Reform Bill, but was compelled to retire from public life on account of infirmities increasing upon him.—Christopher Teeling, Esq., M.D., aged 84, the senior of the Dublin physicians. In the Catholic Convention of 1792 Dr Teeling was presented Carrickfergus.—At Barnardcastle, 25th inst., after a short but severe illness, borne with Christian fortitude and resignation, Mr James Benning, surgeon, aged 23, highly esteemed and regretted.

Advice Gratis System.—We wish to draw the attention of our readers to the degrading and despicable mode adopted by many "medical men" of gaining a few disreputable shillings by the worn out plan of professing to give *advice gratis*, and making the poor deluded and often almost destitute creatures who apply for the fancied boon pay as much as under other circumstances. This, however, is not the worst part of the system, and we have received, through undoubted authority, the name and address of one practitioner who resorts to the following disgraceful practice. He has not even the plea of poverty to urge as a paltry extenuation, possessing a private fortune as well as a good practice. Incredible as it may appear, this man, in addition to the ordinary plan extends a trifle more—what we are almost ashamed to pen it—by the following injurious mode. The poor patients are kept waiting, no matter what the weather may be, *outside* the surgery door, and should any one of them be tired, or, wishing to get home quickly, knock at the private door, the following dialogue will take place. *Patient*—"If you please, I want to see the doctor; I'm wet through, and wish to get home soon to my children." *Servant*.—"Oh! you must wait and take your turn, or, if you are in a *great* hurry and will pay *sixpence* extra I'll let you in at this door, and the doctor will see you directly!!!" Well may the public point at our profession with the finger of scorn when men are found in it guilty of such detestable meanness.

The council of the British Medical Association, consisting of Dr Webster, the president; Professor R. E. Grant; H. Smith, Esq.; W. Farr, Esq.; Dr R. D. Thomson; R. Davidson, Esq.; George Pilcher, Esq.; Thomas Wakley, Esq.; E. Crisp, Esq.; William Eales, Esq.; George Parsons, Esq.; J. Howell, Esq.; G. P. James, Esq.; E. Evans, Esq.; Richard Hooper, Esq.; Dr M. Hall, Dr M'Ewan; J. M. Beane, Esq.; J. M. Bainbridge, Esq.; and C. H. Rogers Harrison, honorary secretary, had an interview with the Marquis of Normanby, on Saturday, at the Home Office. His lordship, after listening to Mr Wakley's details regarding the present imperfect state of medical education, &c., assured the deputation that at the earliest possible period it would afford him much pleasure to submit the subject of medical reform to his colleagues, and, previously to the meeting of Parliament, inform them what the intentions of Government were.

Apothecaries' Hall.—Names of gentlemen who passed on Thursday, December 26.—Isaac Royse, Castleton, Derbyshire; Francis Bangham, Bridgnorth; Henry Charles Deshon, Bath; Stephen Clogg.

In consequence of some statements lately bruited abroad, describing considerable annoyance to have been occasioned by the use of Dr Arnott's stoves, that gentleman has addressed a letter to the 'Times' in explanation. He attributes to mistaken notions and prejudices on the part of the manufacturers, leading them to modify his invention according to their own taste, the few cases in which it has been unsuccessful. The *principles* on which his stove is constructed have been, he observes, sufficiently tested; and if they were closely adhered to, no failure could possibly arise.

PROMOTIONS, APPOINTMENTS, AND VACANCIES.

The post of Surgeon to the Bristol General Hospital is vacant by the resignation of Mr Fripp. The election takes place Jan. 23. The house surgeon, Mr Lang, is a candidate.

Messrs C. A. Merriman and T. T. Price have been elected surgeons to the Brighton Lying-in Institution.

The Edinburgh Lunatic Asylum has a vacancy for a resident medical superintendent: salary 200*l.* per annum, exclusive of board, &c.

Professor Imbert, of Lyons, has entirely renounced the practice of plugging in uterine hœmorhage, on account of the inconveniences attendant thereon. It obstructs the urethra, so as to prevent the discharge of urine, and frequently occasions great constitutional irritation from the pressure in the vagina. Much unpleasantness is occasioned even in the most favourable cases. His practice is, when the woman is stout, so that the upper parts of the thighs are in contact, merely to maintain them in as close apposition as possible, by tying them together with a pocket handkerchief above the knees. In women of a spare habit of body, he recommends, in addition, the application of a napkin rolled up cylindrically in the hollow space between the thighs, so as to press against and close the opening of the vulva. By this simple method, M. Imbert declares he has always been able to restrain uterine hœmorhage with certainty; and he begs practitioners not to reject it without trial, from the mere idea of its insufficiency.—*Gaz. de Med. Prat.*

Remuneration of Medical Officers of Workhouses.—A meeting of the guardians of the North Dublin Union took place on Friday last, at which the consideration of the salaries and duties of the medical men was brought forward. It was agreed that the resident person should be an apothecary, and his principal duties should be the compounding of medicine; but that he should be competent to act as surgeon when necessary. The guardians intimated their intention of deciding upon appointing a visiting doctor and a visiting surgeon. The salary proposed to be given to the resident apothecary is 60*l.* a-year, and to the visiting physician and surgeon 50*l.* per annum each.—*Dub. Med. Press.*

NOTICE OF MR GULLIVER'S OBSERVATIONS ON THE THYMUS AND MESENTERIC GLANDS; ON THE CHYLE; AND ON THE SUPRA-RENAL GLANDS.

We understand that Mr Gulliver has been long engaged in researches on these interesting glands, which will soon be published in detail. In the meantime we are enabled to state that he has made out the identity between the fluids of the thymus and of the mesenteric glands. The evidence which he will adduce is two-fold, being founded partly on the chemical properties of these fluids, and partly on their microscopical characters.

With regard to the first, he announces these remarkable facts, viz.:—that a strong solution of any of the neutral, earthy, or alkeline salts, will combine with the fluid of the thymus, so as to produce a remarkably characteristic ropy compound; insomuch so, that this mixture will draw out into strings in consequence of its tenacity and viscidity. Now, this peculiar combination is not produced by treating any of the proximate principles of the blood with these salts, nor indeed has anything hitherto noticed by animal chemists any resemblance to the compound in question, except the single instance of the action of muriate of ammonia on pus. Among many other salts the following were employed, viz.:—Ferro-cyanate of potass—muriates of ammonia and soda—sulphates of soda, magnesia, and potass—nitrate of potass—hydriodate and acetate of potass, &c. &c. An action so remarkable seemed to denote the existence in the thymus of a peculiar principle; and Mr Gulliver at first regarded it in this light, as being, in fact, no more explicable than the action of other re-agents on proximate animal principles. But in pursuing his inquiries, he found that the fluid of the mesenteric glands, particularly when gorged with chyle, as well as the fluid of the lymphatic glands, possessed the same properties. He found, too, that the juices in question were rendered ropy by a slight excess of muriatic or nitric acids, although these re-agents, added in very small proportions, produced a precipitate. The chemical properties, therefore, of the juices of the thymus, of the mesenteric and lymphatic glands, are altogether peculiar and identical with each other.

Now, the microscopic characters are equally conclusive. The globules of the juice in the mesenteric glands are most commonly 1-4500th of an inch, though the size is very variable, from 1-600th to 1-3000th, and a few globules may sometimes be seen still larger—a frequent size also is 1-5000th of an inch. The globules are granular on the surface, very characteristic in appearance, and seem as if formed by the apposition of numerous molecules of infinite minuteness. These globules are not acted on like pus globules, by acetic acid, but are simply rendered more definite; indeed, they may be well preserved in this acid; not so, however, in the saline solutions before mentioned, for though these act generally but faintly on the globules at the moment of mixing, yet they are soon destroyed, thus exhibiting a character remarkably different from the blood corpuscles, which are so instantly dissolved or rendered invisible by vinegar, and preserved by the salts in question. The globules of the thymus in their shape, size, and chemical characters, correspond with those of the mesenteric glands so precisely that no difference can be distinguished between them. The lymphatic glands are also pervaded by similar globules, presenting no other difference than a slightly less granular aspect, and consequently a rather smoother and more pellucid appearance.

The chyle in the thoracic duct contains many of these globules, besides numerous oily particles; but the most remarkable microscopical appearance of the chyle is the great abundance of infinitely minute granules, too small to be defined or measured with any degree of accuracy even by the best instruments. These remarkably minute molecules constitute the bulk of the chylous particles, forming the *ground* or base in which the globules, granular or oily, are contained. These observations were made on the chyle of the lynx, cat, dog, and other carnivorous and omnivorous mammalia. The extremely minute granules are probably not a tenth part of the size of the blood corpuscles in the respective animals.

As we can only give a very summary and incomplete account of Mr Gulliver's views, we have only to add at present that the results seem to prove what has been previously surmised, only, viz., that the thymus is an additional elaboratory of nutrient materials specially provided for that time of life when they are most especially required. Hewson advanced the opinion that the thymus and lymphatic glands, as well as the spleen, were organs provided for the generation of "central particles" for the blood corpuscles. Hence the exact observations of this inquirer on the resemblance between the particles of the thymus and those of the lymphatic glands, have been obscured by hypothesis. It does not appear that Hewson examined the juice of the mesenteric glands, and his observations on the lymphatic glands required the addition of the chemical examinations made by Mr Gulliver. Sir A. Cooper, in his work on the thymus, concludes with the following query:—"As the thymus secretes all the parts of the blood, viz., albumen, fibrine, and particles, is it not probable that the gland is designed to prepare a fluid well fitted for the fœtal growth and nourishment, from the blood of the mother, before the birth of the fœtus, and consequently before chyle is formed from food; and this process continues for a short time after birth, the quantity of fluid secreted from the thymus gradually declining, as that of chylification becomes perfectly established?" The different parts of this query seem to be answered by the result of Mr Gulliver's researches. It is hardly necessary to allude to the difference in the chemical character of the blood particles and those of the thymus; but this gland is unquestionably a special additional provision for abundant nutrition at the early period of life, as Mr Gulliver considers the lymphatic glands elaboratories of nutrient particles at all ages, forming an apparatus by which the materials of nutrition are modified, and rendered fit for the purposes of the economy. The source and nature of the white globules of the blood now appear evident; but though in some respects resembling those of pus, there is an essential difference already alluded to.—With respect to the *supra-renal glands*, Mr Gulliver regards their veins as excretory ducts. In some animals, he remarks that

the vein forms a sinus in the centre of the gland, like the venous sinus in the spleen of certain animals. Into this sinus, or into the venous trunk, all the little veins of the gland open. Now, in examining this blood, Mr Gulliver finds it pervaded by the peculiar particles of the secretion of the gland. These are oil-like spherules, very minute, the most common sizes from 1-12000 to 1-8000 of an inch in diameter, though they are very variable, even from 1-20000 to 1-6000. Nothing can be more distinct in its microscopical and chemical characters than the fluid of the supra-renal glands. It is not acted on even by caustic alkalis—the globules remaining perfect in the mixture; nor by muriatic, acetic, or sulphurous acids; and the particles remain entire even after being treated with strong sulphuric or nitric acids. But the experiments in relation to this gland, as well as the other subjects of this notice, will be detailed on a future occesion. As regards the office of the supra-renal glands, it results that they pour a peculiar matter into the blood, which has doubtless a special use, and is still an interesting and important subject for further inquiry.—*Dublin Medical Press.*

ADVERTISEMENTS.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37 Broad street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0	for Ladies.
Ditto, double joints	2	5	0	for Gentlemen.
Ditto, standard silver	0	15	0	for Ladies.
Ditto, double joints	0	16	6	for Gentlemen.
Ditto, finest blue steel frame	0	15	0	for Ladies.
Ditto, ditto, double joints	0	16	6	for Gentlemen.
Ditto, tortoiseshell frame	0	10	0	for Ladies.
Ditto, best black buffalo horn	0	7	6	for Ladies.
Ditto, strong steel frame	0	7	6	for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES from 3s. 6d. to 2l. 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, Inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	
Ditto, Marine, from 3l. 10s. to	6	0	

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37 BROAD STREET, BLOOMSBURY, in a direct line with Holborn.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn hill. Recommended by the late Mr Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen; ditto ditto, with Fronts, 1l. 16s. per dozen; Wove or Knitted Silk, 1l. 7s. per dozen; ditto, with detached bandage, 1l. 16s. per dozen; India Dimity, with real China Net Silk Purses, 2l. 8s. per dozen; ditto ditto, with Elastic Springs, 3l. 12s. per dozen; Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

BRETT'S SAMPLE HAMPERS, 21s. each.—The WINE HAMPERS, this year, contain Eight Bottles of Choice Foreign Wines, viz.: two of Port, two of Sherry, two of Marsala, two of Cape Madeira, with general lists of prices.

The SPIRIT HAMPERS contain two bottles of Cream Gin, two of old Jamaica Rum, and two of Brett's Improved Cognac, with two Pint Bottles of the Liqueur Ginger Brandy, as recommended by the Faculty.

Specimens of either kind of BRANDY, in sealed pint or quart bottles, 2s. and 3s. 6d. each; or any number of gallons will be forwarded at 18s. per gallon.

Country remittances may be effected by means of Post-office money orders, at the cost of sixpence and a single letter.

HENRY BRETT & Co., Old Furnivals' Inn, Holborn.

Just published, price 12s. 6d. by J. CHURCHILL, Princes street, Soho,

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and Mr W. HILLES. This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

EXTRACTS FROM REVIEWS.

"This is another desideratum in medicine, a most useful compendium for students, and an excellent manual for reference on almost every interesting subject connected with anatomy and surgery."—Literary Gazette.

"This is a most valuable epitome of anatomy, surgery, and physiology, and will be found to be of much service by the student who is about presenting himself for examination at the college, as it 'gathers together' the most valuable information to be found in more systematic works on the above subjects, and that so judiciously, as to contain most useful matter in every line. No student should go up without consulting this work."—Medical Miscellany.

"The manual above mentioned must be a great treasure to the student. This is by far the most complete volume we have seen as a guide for students, embracing in a succinct and well-arranged form, the most important points of Anatomy, Surgery, and Physiology. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession, with which he was familiar in the days of his youth."—Monthly Magazine.

"The reader of this volume will find a mass of extremely useful matter, arranged with good taste and judgment. Although the title describes it as a 'Manual for the College,' the book will prove of service to the student after he has obtained the diploma he is so anxious to possess.

"The regional and surgical anatomy will be very useful to the student, and we may say that the 439 pages devoted to anatomy and operations may be consulted by the practitioner with advantage.

"This book will undoubtedly help a man through the college, and—what is far greater praise—may teach him something afterwards."—Medical Times.

In one 8vo. volume, price 12s.

A TREATISE on DISEASES of the SKIN. By P. RAYER, D.M.P. Translated from the French, by WILLIAM B. DICKINSON, Esq., Member of the Royal College of Surgeons.

"We can recommend the present translation of Rayer's Treatise as an excellent companion at the bedside of the patient."—Lancet.

"The translation of Rayer has conferred a great obligation on the science of medicine in England."—Medical and Surgical Journal.

London: John Churchill, Princes Street Soho.

Fifth Editions of the following Works on Ophthalmic and Aural Surgery, in 12mo., price 3s. each, in cloth boards,

I.

ON DEAFNESS; its Causes; Prevention, and Cure. With a familiar Description of the Structure, Function, and various Diseases of the Ear.

II.

On CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with references especially to a peculiarly mild and successful Operation, applicable to every stage of the Disease, and at any period of life.

"Mr. Stevenson's Treatises on Deafness and Cataract," observes the last Number of the Monthly Chronicle, "have severally reached the fifth edition, which may be accepted as a satisfactory evidence of their utility. They are written with a degree of perspicuity unusual in medical books, and are equally worthy of approbation for the popularity of their style, and for the fulness of their professional knowledge."

S. Highley, 32, Fleet street; and may be had of all other booksellers.

Lately published, price 5s. cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Opthalmic Surgery. The appended Vocabulary, denoting the origin of the names for the various diseases of the eye, is of great utility to the student."—European.

"Mr Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and explanatory additions which he has incorporated with the original text. Not only to the medical world, but to the public generally, we confidently recommend this manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. * * * A perusal of this work betimes would more avail than all the spectacles and lenses in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to hold a high rank in the standard medical library."—Leamington Spa Courier.

J. Churchill, Princes street, Soho.

THE POLYTECHNIC JOURNAL, a Monthly Magazine of Art, Science, and General Literature. No. 1 of the Second Volume, price 1s., has been lately published. Contents:—1. Dangers of Popular Ignorance—2. Papers on Wood-Engraving, illustrated with fifteen specimens by the most eminent English and French artists, and printed on separate plate paper by Vizetelly—3. An Examination of Mesmerism or Animal Magnetism—4. Unity of the Fine Arts—5. Historical Literature of Germany—6. Competitors' Tribunal—7. On the Useless Nature of the Instruments sent out with the Antarctic Expedition—8. Chateaubriand and Berenger—9. Honorary Statues—10. Architectural Remains—11. A Flit through the Old Royal Academy—Fuseli the Keeper—12. Distribution of Prizes at the Royal Academy—13. Mr Green's Account of his projected Balloon Voyage from America to Europe, with a full description of his New Inventions for that purpose; with Reviews of Books, Prints, &c., and an Index and Title-page to Vol. I. The December Number also contains numerous Specimens of superior Wood-Engravings, printed by Vizetelly, on an additional sheet of fine plate paper. London, 13 Wellington street north, Strand; Edinburgh, Fraser; Crawford, and Co.; Liverpool, W. Grapel; Glasgow, Duncan Campbell; Manchester, George Simms; Dublin, Machen and Co.; Philadelphia, Carey and Lea; and Calcutta, Thacker and Co.

REID'S MEDICAL BOTANY.

Second Edition, in 12mo., with Plates and Wood-cuts, price 12s. greatly enlarged,

OUTLINES of MEDICAL BOTANY comprising Vegetable Anatomy and Physiology, the Characters and Properties of the Natural Orders of Plants, and Explanation of the Linnean System of Classification, and Tables of Medicinal Plants, arranged in their Linnean and Natural Orders. By HUGO REID.

"Decidedly the best introductory work on the subject."—Medical Chirurgical Review.

"A very good little book, well planned, and well executed."—Medical Gazette.

"An elementary work on Botany, for the use of Students of Medicine, for which purpose it is well adapted."—Edinburgh Philosophical Journal.

M'Lachlan, Stewart, and Co., Edinburgh.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other medical boards), and to receive certificates of the same without extra fees.

House Pupils received, who have extra instruction. Apply to Mr Dermott, 15 Charlotte street, Bloomsbury.

Mr D.'s series of Anatomico-chirurgical plates to be obtained on application to him.

H. SILVERLOCK'S MEDICAL LABEL WAREHOUSE and PRINTING OFFICE, 3 Warwick terrace, Doctors' Commons, where may be had every description of Labels ready Gummed and Cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c. Fancy Labels in great variety. Ornamental Labels for Bottles. Drawers on Gold, Green or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the New Names, according to the last Pharmacopeia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	2s. 6d.
Large	1s. 6d.	3s. 6d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels	0	17	6
Middle Size, " 1,199 "	1	5	0
Large Size, " 833 "	1	14	0
The Three Sizes in One Book, containing 3,068 Labels	3	10	0

CATALOGUES GRATIS.

Engraving and Printing of every Description.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by Appointment, for the Bank of England, East India House, and many other public offices, which by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½ Holborn hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the ink flows to the paper with peculiar facility.

DR D. B. REID'S WORKS ON CHEMISTRY.

In 1 vol. 8vo., price 18s., pp. 950, illustrated by 600 Wood-cuts,

DR D. B. REID'S ELEMENTS of CHEMISTRY. Third Edition. This Edition has been greatly extended, so as to present a full body of Chemical science, Theoretical and Practical. It contains—

The General Principles of Chemistry, including the Atomic Theory, Heat, Light, Electricity, Galvanic Electricity, &c.

The Elements and their Compounds, including Organic Chemistry, the Experimental Illustrations of the Lecture Room, along with the Manipulations of the Practical Class, the Preparation and Application of Tests, the Detection of Poisons and Adulterations.

The Laboratory—Ventilation of the Laboratory, Miscellaneous Apparatus, Blowpipe, Tube Apparatus, Flat Glass Apparatus, &c.

A short Introduction to Chemical Analysis, with Select Illustrations of the Examination of Air, Mineral Waters, Soils, and Minerals.

Second Edition, in 1 vol. 8vo., price 6s., sewed,

2. TEXT-BOOK for STUDENTS of CHEMISTRY; comprising a condensed View of the Facts and Principles of the Science. By D. B. REID, M.D., Lecturer on Chemistry, Fellow of the Royal College of Physicians, formerly Senior President of the Royal Medical Society, &c. &c.

M'Lachlan, Stewart, and Co., Edinburgh.

MR SCOFFERN continues to hold his PRIVATE MEDICAL CLASSES at No. 18 Barbican, near Aldersgate street.

Terms.	£	s.	d.
Instructions for the Hall until qualified	5	5	0
Instructions for the College	5	5	0
Readings in Gregory and Celsus	5	5	0
Instruction for the degrees of B.M. and M.D.	10	10	0

MR SCOFFERN will return the Fee to all those who may possess themselves at the Hall with his leave, and are unsuccessful.

TO MEMBERS OF LITERARY AND SCIENTIFIC INSTITUTIONS, &c.

Just published, price 5s. plain; 7s. 6d. India, Dedicated by Permission to the Right Hon. Lord Henry Brougham and Vaux,

SPECIMEN of ORNAMENTAL WRITING, DESIGNING, and ENGRAVING: with a PORTRAIT of G. BIRKBECK, Esq., M.D., F.G.S., P.L.M.L.P. Meteor, L.S., &c. &c. By CHRISTOPHER BUNNING, jun.

Sold by R. Ackermann and Co., 96 and 97 Strand, London: C. Bunning and Son, 27 Bedford street, Covent garden.

London:—Printed and Published by SYDNEY SMITH, Wellington street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 16. Vol. 1. LONDON, SATURDAY, JANUARY 11, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

SCENE FROM AN UNPUBLISHED VERSION OF THE BEGGARS' OPERA.

DRAMATIS PERSONÆ.

PEACHUM (his original character) ..... } Mr. WAKLEY, M.P.
FILCH.....G. J. MILLS.
LOCKET .....Dr. RODERICK MACLEOD.
Captain MACHEATH..Mr. LISTON.
Mrs. PEACHUM.....Mr. FARR.

ACT I.

SCENE I.—PEACHUM'S *House in Bedford Square.*

Front parlour gaudily furnished, a large book of accounts on the table; also a splendidly cut decanter, with a crack in the neck, rivetted, *half full of brandy.* PEACHUM *sitting in an easy chair, his hair in papers, and feet on the fender.*

Air.—PEACHUM.

Throughout the whole course of my life
I've lived by abusing my brother,
The 'Gazette' called me blackguard and fool,
And *I* thundered out "You're another!"
Macleod calls Jemmy Johnson a cheat,
The 'Quarterly' falls out with Ryan,
And the girls that live in the next street
Think their trade's as honest as mine.

Well, theirs is an honest employment; so is mine. Every one may do what they like with their own, and I've got the bump of abuse very large. Like me, too, the poor things entice the unwary, take their money, and then turn them adrift with lasting marks of their disgraceful connexion.

Enter FILCH, *with a black eye, smoking violently.*

FILCH. Sir, Green has sent word that Cooper is raving away about that bougie slipping into the bladder, and he hopes you will order matters so as to bring him off.

PEACHUM. Why, as the fellow is very active and industrious, you may satisfy him that I'll see all clear. *(Aside.)* I'll make Green bear the blame.

FILCH. Sir, a new paper has started; they say by Elliotson.

PEACHUM. Damnation! This is death without reprieve. When I took my last fee, I feared what would come to pass. Let Ancell know I'll save him, for I can get more from him out.

FILCH. He has brought more hospital reports this year than all the rest of the gang, and it is a pity to lose so great a help.

PEACHUM. Truly, Filch, thy observation is right. We are more beholden to students for our matter, than to all the profession besides. Well, be off to Green, and let him know what I intend. I wish to make him easy one way or another.

FILCH. When a gentleman is kept long in suspense, penitence may break his spirit ever after. Besides, certainty will give him a good air on his trial, and make him risk another lie without fear or scruple. But I'll away, for 'tis a pleasure to be a messenger of comfort to friends in affliction. [*Exit.*

PEACHUM *rings the bell. Enter* Footman.

PEACHUM. Run and get all the numbers of the 'Medical Times.' [Footman *draws them out of his pocket.* PEACHUM *reads, raves, and finally, the first stimulus of brandy having subsided, falls into a state of meditation. Then sings*]

The light of other days has faded,
And I am going fast;
In Finsbury I'm quite degraded,
The 'Lancet's' day has past.
The Fire oblivion's mantle clouded
Shines forth with brighter blaze;
Oh! will the public ne'er forget
That light of other days?

My hopes with autumn's leaves all wither,
Subscribers all take wing;
The 'Times' will have them all this winter,
At least before the spring.
The fool, Macleod, I thought I'd ruined,
In gloom some life displays;
But for me, alas! there's no renewing
The light of other days.

But its high time to look about me for some decent writer against next sessions. I hate a lazy rogue, of whom I can get nothing but truth. [*Opens the book on the table.*] A register of the gang. [*Reads.*] "*Crook-nosed Walford,* three years and a half in the service." Let me see how much the stock owes to his industry:—One, two, three, four, five Clinical lectures; seven leaders—a mighty clean-handed fellow!—sixteen letters, five of them pure fiction; six dozen notices to correspondents; four replies to newspaper attacks on me; half-a-dozen coroners' inquests; three skits on the 'Gazette,' and *one real case.* Considering these as the fruits of his leisure hours, I don't know a prettier fellow, for no man hath a more engaging presence of mind in telling a fib. [*Reads.*] "*Wat Dreary, alias Brown,* an irregular dog, who hath an underhand way of disposing of his goods. I'll try him a session or two longer upon his good behaviour. *Harry Rush,* a poor petty larceny fellow, without the least genius! That fellow, though he were to write for the next six months, could never do anything with credit. His slippery brother goes off next session, for the fool has impudence enough to think of following *his* trade, which he calls an honest employment. *Ancell* listed scarce a year ago—a promising fellow, and diligent in his way—something too hasty, and may raise some good contributions if he does not cut himself short by libel. *Bell,* a smoking guzzler, who is always too much fuddled to write himself, or make others write. Hiccup, hiccup. Oh, my head! [*Falls asleep on the book.*]

DIFFERENCE OF COLOUR IN DIFFERENT PARTS OF THE BODIES OF ANIMALS, BY J. ALDERSON, M.D.—The hypothesis advanced in explanation of the well-known partial absence of the coloured pigment, or *rete mucosum,* in different parts of the human body, and that of other animals, is that it is due to the union or adhesion of the epidermis and the true skin, so as to exclude the rete mucosum. He supports this hypothesis by the analogy of a cicatrix, which is the result of an organization of a certain portion of lymph, poured out from the cut surfaces of a wound, as part of the process of nutrition; or as the consequence of a small amount of inflammation, induced either from mechanical irritation, or other accidental circumstance. This hypothesis was suggested by the colourless appearance of the cicatrix from the section of the umbilical cord in the negro, and also of that seen by the author at the umbilicus of the bottle-nosed whale, the *Hyperoodon bidentatus.*—*Proceedings of the Royal Society.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

INJURIES.—INCISED WOUNDS.

GENTLEMEN,—Having concluded the observations that I had to offer respecting inflammation, I now come to another important division of surgery—*the nature and treatment of injuries;* which, indeed, may be regarded as the continuation of the former subject; for injuries produce inflammation—and our principal object, in their treatment, is to avert or to lessen inflammatory action.

I have first to speak to you of *wounds;* and the most simple form of that kind of injury consists in *incised wounds,* or cuts; under which head we include the great majority of *surgical operations.* As the observations that I have now to make respecting the nature of those injuries, and the mode of managing them, are equally applicable to cases of surgical operation, the treatment of the latter falls under the general principles which I shall now have to lay down to you.

Under the head, then, of *incised wounds,* we consider the division of any of the soft parts of the body by a cutting instrument. Common experience has shown, that if a wound be inflicted in this way, it should have the sides brought together, and that they should be maintained in contact; thus the sides will unite, and the wound will be healed without any discharge taking place. If an ordinary person cut his finger, and just folded something round the part, and cured it in that way, were he to be told that he cured the wound *per primam intentionem,* he would, perhaps, be surprised that he had accomplished so scientific a process. That is the name the learned have given to this mode of healing wounds. This mode of healing wounds is now called *union by adhesion;* union by the first intention, or union by adhesion, are therefore synonymous expressions, precisely equivalent. When a wound is managed in this way, it is found that the substance called coagulating lymph is thrown out on the surface of the wound; or rather it is effused in the interval between the approximate sides of the wound, and thus agglutinates or unites them to each other. Vessels are then formed in the lymph thus effused, and organizes it so that a firm union is established between the two sides. That is the nature of the process—the effusion of coagulating lymph, the formation of vessels in the lymph, and its organization; thus it accomplishes a union between the parts that have been separated.

Now you will understand that this union is not accomplished by the effusion of blood; and in this respect it is necessary for me to point out a mistake made by Mr. Hunter, who speaks of union by the first intention as if it took place in consequence of the effusion of *blood,* and the subsequent organization of that blood. It is true that, when blood is effused into a wound, it will temporarily agglutinate the sides of the wound; but the blood so effused never becomes organized; nor have we any evidence to prove that blood, under any circumstances, does become organized in the way Mr. Hunter represented. In fact, in reference to this particular subject of the union of wounds by adhesion, the presence of the blood is to be regarded rather in the light of an extraneous substance; and it is our object, before we bring the edges of the wound together, to cleanse them effectually from all coagula. The presence of coagula would impede the union and render it imperfect. It happens occasionally that some blood is shed in the circumscribed cavities of the body—or that it is extravasated into the cellular substance; but we do not find, under any of these circumstances, that the blood becomes organized. On the contrary, in most instances the blood acts obviously as an

irritant, and excites inflammation with suppuration —that is, it produces effects which render it necessary to get rid of it as an extraneous substance. The coagulating lymph is effused from the capillaries of the wound, and is to be regarded as a secretion; it is to be regarded in the same light as the effusion of coagulating lymph from the capillaries of a part under inflammation. This coagulating lymph is not effused from the vessels that are divided in the wound. So far as the mere effusion goes, the process does not seem to be essentially distinct from several others that I have already had occasion to describe. In fact we may say, in reference to the deposition of this particular substance, that the process is essentially the same under the five circumstances which I have already mentioned. *First*, in the effusion of coagulating lymph, for the purpose of uniting a wound by adhesion. *Secondly*, in the commencement of the process by which a breach is to be repaired, when union by the first intention has not taken place—when granulation and cicatrization are to repair the injury; which is called union by the second intention. *Thirdly*, in the interstitial effusion into a part under inflammation, producing thickening and induration. *Fourthly*, in the consolidation of the parts which constitute the sac, cyst, or sides of an abscess. *Fifthly*, the effusion which occurs on the surface of the serous membranes under inflammation. In all these five cases, there seems to be an essential distinction in respect to the nature of the substance that is poured out by the vessels; and in all of them it is described under the same term of coagulating lymph. The substance that is poured out under all these different circumstances agrees in this—that, after it has been effused, it admits of receiving vessels and becoming organized; and in that point there is a strongly-marked distinction between the effusion of congulated lymph and the effusion of blood; in the latter of which we see no such circumstance as a subsequent penetrating of blood vessels and organization.

The process in the various cases that I have now mentioned has been named by Mr. Hunter "*adhesive inflammation;*" for he regarded the process as essentially the same under the various circumstances. An objection has been taken to the employment of the term inflammation, in reference to the process by which a recent wound is united; for, in fact, under favourable circumstances, we find the union by adhesion will take place without vascular disturbance in the part. You will not observe any swelling—you will not observe any heat or pain—and, in fact, you will not be able to observe the occurrence of any of those circumstances that are considered necessary to characterize inflammation. If these circumstances should occur—that is, if inflammation takes place in the part so as to be recognizable by the signs which we ordinarily observe as characterizing it—the union by adhesion is disturbed, or does not occur. The supervention, therefore, of inflammation, in an obvious and distinctly recognizable form, interferes with and prevents the accomplishment of adhesion. When you hear the term adhesive inflammation employed, you might suppose that there was something peculiar in the inflammation—that it was some particular kind of inflammation that was necessary to accomplish the effusion of coagulating lymph. We are not aware, however, that there is anything particular in the nature of the increased action which ends in this effusion. The formation of coagulating lymph seems rather to arrest the inflammation, when it has arrived at a certain pitch or degree, than to be the result of any particular difference in its nature.

This union by adhesion is accomplished within a very short period of time. In incised wounds we may say that organic union of the divided parts may take place in twenty-four hours; but, at all events, if we allow forty-eight hours, we may safely assert that the parts can be so united within that time.

It appears that all the soft parts of the body are susceptible of this process of union by adhesion. Thus, in the case of a wound in the limb, which extends through the various textures, such as the skin, the cellular membrane, and the muscles—all these are united by the process of adhesion. The harder parts, however, do not seem susceptible of this process;—bones, for example, do not unite by adhesion. I fancy the fibrous textures do not thus unite; at all events, there is one instance in which we see clearly that a union does not take place. I allude to the sclerotic coat of the eye, where we make a punctured wound in the operation of cataract—you see the mark of the wound remaining as long as the patient lives. No union by adhesion takes place in an incision made in the sclerotic. Whether tendons or nerves unite by adhesion, are points that have not hitherto been completely settled.

The effusion of coagulating lymph, in the first instance, agglutinates the sides of a wound, and this forms a kind of new bond of union between the textures that are divided. When this union once becomes organized, after a certain time has elapsed, we find that the substance thus deposited is converted into something of the nature of the textures which it unites; that it assumes more or less the nature of the muscles, if the muscles be divided; and the same remark will apply to the skin and the cellular membrane. It does not, however, in *all* respects assume the original character of those tissues. I have already had occasion to observe, that the uniting substance is something that will enable the part to perform its functions, although you are still able to distinguish, by external inspection, the adventitious matter thus deposited from the original component tissues of the part. But, in the cases of skin, muscle, and tendon, it is something that will restore to the part that was divided the power of exercising their original functions.

The union by adhesion will take place not only where a small division of the parts has occurred, but also where they have been extensively detached, and almost completely severed from the body. If a large piece of the scalp remain connected merely by a small portion of the skin, if it be laid down on the surface, and the parts be kept in contact, it will unite. If a finger be nearly chopped off, and hang by a bit of skin only, the part will unite if the surfaces be kept in contact. I remember the case of a person who was travelling on the outside of a coach; he laid his head down on entering a gateway, but not low enough, and the edge of the lintel nearly scraped off the ear—in fact it hung to the head by a portion of skin less in breadth than the fore-finger. It appeared to me at first that the best way was to snip the skin through with the scissars, but, as a kind of experiment, the ear was laid down, and kept in its position by a slight bandage, and it united very well.

This power of adhesion is still better illustrated by the phenomena it presents in the restoration of lost parts, and also by those experimental proceedings on animals, in which attempts have been made to imitate the process of engrafting adopted with regard to vegetables. It is a curious circumstance, that so long ago as the fifteenth century, a practice prevailed at Bologna, in Italy, of restoring artificially the loss of the nose. There were one or two families in that country in whom this art resided, and by whom it appeared to be handed down hereditarily, and who were famous for its performance. The practice, however, extended to surgeons, and several experiments were made by a youthful professor of the name of Taliacotius, who wrote a Latin work upon the subject, called *Chirurgia Nova de Narium, &c., defectu per insitionem cutis ex humero sacriendo, &c.*, which was printed in 1597, and in which he describes at full length the process he adopted for restoring lost noses, ears, and lips, and he has illustrated the subject with several plates. The cures that were performed by Taliacotius were seen by many of his contemporaries, who have attested the facts; and there is also this kind of evidence of the truth of it—his fellow-citizens at Bologna erected a statue in the anatomical theatre to his honour, in which he is represented holding a nose in his hand. Perhaps, however, he is better known in this country through the notice taken of his proceedings by the celebrated satirical poet, Butler, who says,—

> "So learned Taliacotius, from
> The brawny part of porters' bum,
> Cut supplemental noses, which
> Would last as long as parent breech;
> But when the date of noch was out,
> Off dropp'd the sympathetic snout."

The truth is, Taliacotius did not cut noses from the breech, nor out of any part of another individual, so that the noses did not sympathize with the dead as Butler represented. The plan Taliacotius followed was this:—He pared the cicatrix of the lost nose, so as to give it the character of a recent wound; he then raised a portion of the integuments of a size and shape calculated to restore the nose, from the fore-arm or arm. He then fixed the arm, but without detaching the piece, to the edges of the lost nose, and confined it by sutures. The person's arm was kept in that position as long as it was necessary for maintaining the circulation in the supplemental nose—till the adhesion between that and the natural skin of the face was accomplished. The skin was then removed from the arm, and remained engrafted to the face. In this way he restored noses, and, according to his own account, he also restored lips and ears. Although ridicule has been cast on Taliacotius, yet there seems no reason for denying the fact that such things were indeed done. We can have no reasonable ground for denying that a part of the integument might be thus raised from the hand and fore-arm and that it might be applied in the way described to the cicatrix of the lost nose, and become adherent there, and would in some measure fill up the unsightly chasm which the loss of this member produces in the countenance. We cannot so easily believe all the rest that Taliacotius has stated; for he says that these new noses smelt more accurately than the old ones, and grew large and strong, nay, that they sometimes became so elongated as to require them to be removed.

Another mode of restoring the nose has been imported to this country from India, where it is not an uncommon practice to mutilate robbers and captives by cutting off their noses and ears. A portion of the integument is raised from the forehead sufficient to fill up the breach, the incision being made in the shape of a triangle; the part that is to cover the nose is detached, and this portion corresponds to the bore of the triangle: the edge of the nose is made a recent wound; then the flap is turned round, that is, the part by which it remains attached to the forehead is twisted. It is then confined by sutures in the situation of the old nose. This is the mode resorted to in this country, and which has been practised by Mr. Carpue. Noses have been made in this way in this hospital—enough to show that the process is successful.

These facts show you the extent of the power of union between the edges of a recent wound in the body;—they show that it is not only sufficient to agglutinate, or unite together the sides of a cut in any part, but also to form a union between two recent surfaces, even where one is extraneous to the part in which the wound has taken place.

With respect to the TREATMENT OF INCISED WOUNDS, including also those inflicted by surgical operations, you will immediately perceive that it must be simple, the object being to promote adhesion, and to prevent the occurrence of inflammation. In order to promote adhesion, we must bring the edges of the wound together, and we must maintain them in contact. This is accomplished either by strips of adhesive plaister, or by sutures, or by bandages, or by attention to the position of the limb.

Heretofore, sutures were generally relied on for accomplishing the union of recent wounds; but now, we almost exclusively employ adhesive plaisters for the purpose. If adhesive plaisters be used you must bring together the edges of the wound by employing a certain number of slips of plaister, just sufficient for the purpose. You do not want to employ more than will simply approximate and maintain in contact the edges of the wound, and you must do this gently. It is not necessary to cover over the whole surface of the wound, nor is it by any means advisable. Supposing a wound has taken place, with considerable loss of substance, if you forcibly draw the parts together you will find they will not remain in that position, and you only run the risk of exciting inflammation by the effort to make them do so. You will recollect that the substances of which adhesive plaisters consist, are more or less of an irritating kind, and from the injured state of the skin, they may excite more or less of uneasiness. Hence you employ only as many slips of plaister as are just sufficient to accomplish your purpose. You will recollect that

more or less of inflammation and swelling is likely to take place after the infliction of a wound, consequently, if we apply adhesive plaisters tightly when the part is swelled, they will act as ligatures, and they thus produce a degree of pressure on the wound that aggravates the inflammation. I have sometimes seen serious suffering produced by forcibly dragging together the edges of the wound, when a considerable loss of substance had taken place, and the plaisters had been applied so as to exert a forcible pressure on the wound after the inflammation had commenced; having applied the plaister in the way mentioned, so as simply and gently to approximate the edges of the wound, you may leave it open to the external air, or you may keep the parts covered with cloths dipped in cold water, so as to prevent the occurrence of inflammation. If the union goes on favourably, you take the plaisters off in three, four, or more days, and when you do so, you probably find the wound united, and hardly any more dressing is wanted. If you find the wound at any part is not united, then you renew the same applications; or, if you find the edges of the wound red, and not united, under these circumstances you apply spermaceti ointment, soap plaister, or bread and water poultice, and then the wound must be united by granulation.

Sutures are employed either alone or in conjunction with adhesive plaisters, and the form of suture that we use is what is called technically an *interrupted* suture, that is, in which the stitches are detached and separate. You just make a single stitch, and tie the silk or thread into a single knot. Sutures are convenient in a situation where the integuments are loose, as about the scrotum or neck, or where the moisture might detach the plaisters, as about the mouth. When you employ them, you should use small and sharp needles, and small silk or small thread ligatures, such as are proper for tying arteries with. The object of using the sutures is merely to keep the edges of the wound together, till the natural process of adhesion is accomplished. I have mentioned that a wound is partly healed by coagulating lymph in four hours, and that organic union takes place in twenty-four hours, therefore you can cut out the sutures in twenty-four hours. They will then have accomplished the purposes you wanted them for; and, if you let them stay in longer, they become irritant substances to the wound, and thus produce mischief themselves. You put as many sutures as are sufficient to keep the edges of the wound together, and you may supply the interruptions here and there with adhesive plaister. You then leave the wound open, or cover it with damp cloths, in the way I have mentioned as proper when you use adhesive slips. It happened to me not long ago, to remove an enlarged lachrymal gland, which projected the upper eye-lid and rendered it necessary to make an incision from the root of the nose to the temporal process, and to meet this by another incision at right angles, in a T-shape, and of course a larger opening was made in the orbit. This wound I united by sutures, putting in just so many as were necessary to bring the edges together; and I used no other dressing but cold water. I cut off the sutures in twenty-four hours, no discharge took place, the whole united by adhesion, and the gentleman on whom the operation was performed was enabled to go about his ordinary avocations at the end of a week.

Perhaps, heretofore, sutures were employed more frequently than was necessary; but in modern times they have been too much neglected, and the use of them has been unjustly disregarded. The objection to sutures arose from the mode in which they were employed, rather than from the principle itself. Large needles and thick ligatures were used; and an idea existed that it was necessary to pass these deeply, so that the whole depth of the wound should be acted upon by the sutures; and besides this the sutures were left in for a length of time. You cannot wonder that, under such circumstances, they often excited considerable inflammation, and, in fact, that obvious mischief arose from their employment in that way; but if you use small needles and small ligatures, and if you cut off the sutures within twenty-four hours, you avoid all this mischief.

I should say, under such circumstances, that sutures are very often necessary, that they are generally advantageous, and, in fact, that they are not injudicious under any circumstances, when employed with these restrictions. You must use sutures for a recent wound of the eyebrows, of the lips, or of the face generally; because there it is important to have the wounds equally adjusted, in order to prevent or to lessen the deformity they might occasion. I have seen considerable deformity arise from the neglect of those means that were necessary to bring the edges of such wounds together very equally. I recollect an instance of a gentleman who had a penetrating wound of the upper eyelid. It had gone through the tarsus without injuring the globe. In consequence of not being united by sutures the edges healed separately; and in this case the fissure was not united, but a slit like a hare-lip remained. In cases of wounds of the groin, or scrotum, you will find sutures by far the most convenient mode of bringing the edges together.

I have mentioned the use of *interrupted* sutures as being the form which we generally have recourse to; but there are cases in which the *uninterrupted* suture may be advisable. I remember an instance where I found it necessary to have recourse to a suture of this kind, and where it answered the purpose extremely well. I had occasion to go a few miles out of town, to see a patient. While I was dining, the medical practitioner who first sent for me requested I would come to see a dreadful accident that had just taken place. A boy had been bitten by a pig, who applied his tusks to the abdomen, and made a gash about the length of my finger; and from this was protruding a considerable portion of the bowels. He had taken a good dinner, and his stomach was full. With some trouble I succeeded in putting the parts back into the abdomen; but it was obvious that, if there were any degree of tension, they would come out again, and that it would be to no purpose to attempt to unite this wound by adhesive plaisters. I therefore considered that the only effectual means of accomplishing the object would be to sew the wound together, from one end to the other, embracing muscles as well as integuments, with an uninterrupted suture; just as you sew up the opening in examining the body after death. This confined the obtruded parts, and other means suitable were employed to prevent inflammation. The case did well, and the boy recovered.

I mentioned two other modes of approximating the sides of a wound—*bandage* and *position*. We seldom trust the bandage alone for uniting wounds, though there are circumstances under which a bandage might be employed without any other means. With respect to *position*, the propriety of it is so obvious that it is not necessary to dwell upon it. If you had a cut across the thigh, and the patient were to bend the knee, the wound would soon open so that you could not bring it together; whereas, if position were carefully attended to, the wound would heal without any surgical means. It is the same in wounds about the throat; you often find that the mere position will, in fact, accomplish all you want. The position, therefore, is a point which must always be attended to. Whatever means you adopt, you find it necessary to keep the wounded part at rest; and, in fact, it is well to enjoy rest of the body generally, in serious wounds of any important part. You place the patient on low diet, and keep the bowels clear by aperient medicines, which are means calculated to prevent the occurrence of inflammation. You will see the most extensive wounds unite very speedily, and very probably after surgical operations, in which a large quantity of blood has been lost; so that generally you need not be alarmed by patients bleeding freely in the course of an operation. The case does so much better afterwards, that it is in general advisable to let the blood flow freely, in the course of an operation. It has often been observed on the field of battle, that after an important engagement, and where there are numbers of wounded, two or three days have elapsed before they have been all discovered; and there have been instances of persons, with serious wounds, who have laid for four days; they have bled freely, and yet when the wounds have been dressed, they have done remarkably well—no doubt much better than if the patients had been taken care of, and had been well stuffed. If there is hæmorrhage from a wound, you must see that all the bleeding ceases, before you attempt to unite the parts; and you must, with a soft sponge, cleanse the wound from coagulated blood, before you bring the edges together. Large vessels, or often smaller ones that bleed freely, must be secured. Sponging the wound with cold water, and free exposure of the surface to the air, will stop the bleeding from a great part of the vessels which afford blood; and when the flow of blood is stopped, you must bring the edges of the wound together. After the patient has gone to bed, the circulation recovers from the influence of the faintness produced by the loss of blood. The exposure of the wound to the air may have stopped the bleeding; but when the part is closed, when the patient becomes warm again, more particularly if there is a good deal of covering upon the wound, and if the patient is covered with the bed-clothes, bleeding not uncommonly occurs. Secondary bleeding takes place; and this may come on at some distance of time after the patient has been put to bed. The bleeding, perhaps, will partly escape, or be partly retained in the wound, and give the patient great pain. There is so much suffering produced from this secondary bleeding, and so much alarm to the patient and the friends, that it should prompt you to take all possible means against those occurrences, which are also annoying to the surgeon, and occasion him to be sent for when, at times, it is very inconvenient to attend. Hæmorrhage will be most effectually prevented by preparing the patient before you perform an operation. You should not think of taking a patient in full vigorous health, who has been following the ordinary habits of eating and drinking up to the time of the operation; if you do, you will be sure to have something go wrong. In cases where an important operation is to be performed, you should enjoin abstinence from animal food and fermented liquors for some time before. You should take care to empty the alimentary canal by purging; and if the patient be robust, full habited, and young, it may be necessary to reduce him by venesection, before the performance of an important operation.

Then, in performing the operation, I have already hinted that it is best to let the blood flow freely from the vessels divided by the incision. Sometimes we see a person anxious to stop every vessel that may bleed; they think the vessels must be tied before they go on with the operation; but it seems to me that those cases do best where you let the blood flow freely. I generally follow this course. In fact, syncope is the natural remedy; and if the patient faint, the bleeding stops. You take up all the vessels that may bleed after the operation has been finished; you dress the wound lightly; you let the part be kept cool, and open to the air; you apply damp cloths to reduce the temperature; you put the patient into a cool, airy apartment; you let him have light bedclothing, and give him nothing but light diet. Such means are the best calculated to prevent the occurrence of secondary bleeding. If you find the bleeding not so completely stopped as you wish, you may remove the patient to bed without actually closing the wound. Let it remain open to the air—it is the most effectual way of stopping the blood. You find the wound heal better if you let it remain open so as to get pretty dry: perhaps no cases are more favourable than when the surface has a slight glaze upon it; it prevents the occurrence of secondary hæmorrhage when the patient is removed to bed, and instead of interfering with the process of healing, it is probable that you unite the wound more favourably. In fact, if you unite a wound when the patient is on the operating table, the carrying him to bed, and the new position in which he is placed, alter the bearing of the plaisters, so that the union is by no means so accurate. In such cases, whether of wounds or surgical operations, very light and simple diet is expedient until the cure is effected. It is by no means proper, under such circumstances, that fermented liquors should be allowed; and generally, you find it better that the patient should not take any animal food till the wound is united.

APPOINTMENTS.—Mr. W. Hamilton, surgeon, to the Nimrod sloop of war.

SPIRIT OF THE PRESS.

ON THE PHYSIOLOGY OF NUTRITION. BY J. F. SIMON.

THE following experiments were undertaken with a view to determine whether the stomach of the child possesses the same properties of coagulating milk as the stomach of the calf.

I. A piece of the stomach of a child, which had died immediately after birth, was introduced into a dish containing cow's milk. Into a second dish, containing an equal quantity of milk, a portion of a calf's stomach was introduced; and a third dish contained milk, without any addition. The three vessels were placed in the water-bath, at a temperature of 30° R. In twenty-eight minutes the milk containing the calf's stomach had coagulated, but that in the other two dishes, after the lapse of an hour, remained uncoagulated. These two dishes were left standing during the night in a temperature of 17°R.; in the morning the milk containing the portion of child's stomach was still uncoagulated; that in the other dish had coagulated from acidity.

II. A portion of the stomach of a child, five days old, having been previously well washed, was introduced into cow's milk, as in the preceding experiment, with a like result. A quantity of the colostrum of the child's mother was then obtained and divided into three portions of about six drachms each. Into one portion a piece of the child's stomach was introduced, into another a piece of calf's stomach, and to the third no addition was made. The milk of the first and second portions began to coagulate nearly at the same time; but the coagulum of the first was firmer and the whey clearer than those of the other. The third portion did not coagulate. From these experiments it is inferred that the stomach of a mammæ is adapted for the coagulation and digestion of the milk of its own species only.

III. Into each of three test tubes a portion of curd of cow's milk, coagulated by runnet, from which the whey had been expressed, was introduced. The curd, in two of the glasses, was covered by a piece of fresh calf's stomach, and in the third by a piece of child's stomach. A fourth glass contained a portion of the curd of woman's mild, coagulated by the stomach of a child. Into each of the glasses a quantity of acidulated water was now poured, and they were placed in the temperature of 30° R. In an hour and a half artificial digestion commenced in all four glasses; and in nineteen hours the curd of the fourth glass was, with the exception of a few flakes, completely dissolved. In twenty-three and twenty-four hours the first and second glasses had advanced to an equal stage; but at the end of thirty hours, when the experiment was broken off, the curd contained in the third glass was still not fully dissolved. It should be remarked, however, that the quantity of curd in the third glass was only about a third of that contained in each of the others; but the portion of stomach was small in proportion. Experiment showed that the casein is changed by the artificial digestion into albumen. The solution of the curd coagulated on the application of heat, and comported itself towards the chemical reagents precisely as albumen.—*Müller's Archive*. Heft i. 1839.

CASE OF MOLE PREGNANCY WITH SPONTANEOUS AMPUTATION.—BY DR. SCHWABE, STADTPHYSICUS, &c., AT COLLEDA.

This was the patient's fifth pregnancy. After much incautious exertion, &c., pains came on with considerable hemorrhage, so that the ovum was supposed to have come away among the coagula. A frequent draining of bloody serum followed, and the hemorrhage returned very profusely so as to reduce her seriously. The uterus was found as big as a large fist, above the symphysis pubis, the breasts flaccid, the vagina relaxed, the os uteri very high up somewhat backwards, soft and closed: bark was given, and afterwards acetate of lead and opium, with very good effect. The hemorrhage, however, returned so profusely as to threaten dissolution: all attempts to dilate the os uteri mechanically being fruitless, repeated doses of ergot were given; and on the fourth day, slight pains in the abdomen made their appearance, and soon became regular, and expelled a hollow mole without any considerable loss. It contained a fœtus of about three months, the surface of which, as well as the inside of the amnion, was covered with a firm reddish substance. The cord formed a knot round the right leg at the ancle, and had nearly separated the foot from it: immediately above the ligature was an enlargement somewhat greater than the foot itself, and resembling a clump-foot in form, and adhering to the left knee.

(We quote this case for the purpose of recording additional testimony in confirmation of Dr. Montgomery's valuable observations upon this subject, to which we were obliged to allude but briefly in our review of his work on the Signs of Pregnancy.)—*Siebold's Journal*, B. xvii. St. 2. 1838.

CASE OF SPONTANEOUS EVOLUTION. BY DR. CARGANICO.

(The following case is interesting, as it tends to confirm the original views of Dr. J. Douglas, of Dublin, upon this subject, to whom we are indebted for having first pointed out the real mechanism of this peculiar mode of expulsion.)

The patient was a robust, healthy primipara, æt. twenty-eight. The membranes had ruptured with the first pains, and an arm prolapsed. No assistance was requested for two days, when two midwives tried to turn but did not succeed. The pains were violent, and the author was summoned. He found the patient suffering under incessant and painful uterine contractions, without a moment's cessation. The skin was hot, the pulse small and hard, the patient pale and exhausted. The arm (the left) was immensely swollen, livid and black, and the epidermis peeled off. The labia and vagina were much swollen and were beginning to be dry. The author made an attempt to turn, but could not succeed; he therefore bled her, and used narcotics both inwardly and outwardly, by which means the pains in the loins and abdomen abated; she became quiet and fell into a sound sleep, which lasted from five to six hours, during which she perspired freely. Slight contractions of the uterus, and almost without pain, now came on; and by their action, the arm and shoulder were detruded still further, while at the same time the left side of the thorax began to press downwards from the sacrum towards the left arm: the hip followed the side of the trunk, and, as the child turned completely round, the nates followed, and together with the trunk and legs were now expelled. The head with the arm stretched along it followed without any difficulty, as also did the placenta. The whole process lasted only a few minutes, and the patient assured the author that she had scarcely felt anything of the pain. The child, which was dead, was full grown: it was emphysematous, the epidermis peeling off, and the limbs quite flaccid. It was to this state of perfect flaccidity, the result of incipient decomposition, that the patient was indebted for the perfect ease with which the whole was accomplished.—*Medizinische Zeitung*. Nos. 29-34. *Jahrgang* 7, 1838.—*Translated in Brit. and For. Review*.

DETECTION OF THE SPERMATIC ANIMALCULÆ.—THE MICROSCOPE IN LEGAL MEDICINE.

THE French physicians have, during the last few years, been prosecuting with their accustomed zeal various subjects of physiology by means of microscopical inquiry. There cannot be a doubt that the value of the microscope has perhaps never, and certainly not during the last half century, been appreciated by the medical profession as it well deserves to be. The following extracts from an elaborate paper by Dr. Bayard, on the *microscopical examination of seminal or spermatic stains on linen and other articles of clothing*, may suffice to show the assistance to be derived from its adoption. The employment of the microscope, says he, in medico-legal experiments was first practised and recommended by M. Orfila, to ascertain the presence and nature of the fluid within the vagina and on the external parts, whether spermatic or not, in cases of suspected rape. His inquiries did not however, it would seem, lead to any satisfactory results; as he distinctly stated that, "no conclusion can be drawn from microscopical examinations, in determining the existence of spermatic spots or stains."

It is to M. Ollivier that we are indebted for the first conclusive application of the microscope in medico-legal experiments. In June, 1836, he was appointed to determine *if there was any hair or portion of hair adhering to a hatchet found in the house of a person accused of murder, and, if so, to say whether these hairs were human or not*. After a very careful examination, M. O. deposed that there were certainly portions of hair sticking to the blade of the instrument, but that it was not human hair, but that of some of the lower animals. The correctness of the opinion was confirmed by the result of the judicial inquiry. M. Ollivier has since published, in the Archives de Medicine for December, 1838, the account of a novel application of the microscope, to ascertain the purity and genuineness of opium.

In November of the same year M. Devergie read before the Academy of Medicine a note on the characters or signs of death from hanging, and he particularly insisted upon the presence of spermatic animalculæ in the male urethra, and of the general congestion of the generative organs, as among the most important of all. We must not omit to mention that M. Donné had availed himself of the microscope in studying the characters of some animal secretions: his two memoirs "On the Nature of the Mucus and the Matter of Discharges from the Genital Organs in Men and Women, and also of the Spermatic Animalculæ" were published during the course of 1837. In the latter of these papers he endeavoured to point out the circumstances that were favourable and unfavourable to the life of these animalculæ, and he deduced certain conclusions as to some of the causes of sterility in women. Dr. Bayard has, within the last year or two, followed out the suggestions of M. Orfila as to the evidence which might be derived from the microscopical examination of spermatic stains in certain medico-legal inquiries, and he has been enabled to correct the erroneous and unfavourable conclusion to which this distinguished physician had arrived.

He shows that it was in consequence of rubbing or beating in the water the linen on which were the spermatic stains, that the animalculæ were so bruised and broken in pieces that they could no longer be distinguished by any microscope, however powerful. By simply moistening the linen in water, contained in a watch glass, for several hours and then heating it gently with a spirit lamp, he succeeded in detecting the dead animalculæ without any diffi-

culty. Along with these animalculæ may usually be observed some prostatic *monades:* these have a globular form and are without tails, and they are considerably larger than the genuine *zoospermes* or spermatic animalculæ, which, it is well known, have tails, and very much resemble in shape miniature tadpoles. The most important caution in conducting the above experiment is to avoid in any way bruising the animalculæ by rubbing or squeezing the linen. When this has been macerated for a sufficient length of time, Dr. B. sometimes filters the fluid, and thus procures all the solid matter on the surface of the filtering paper. He then takes a small portion of this and drops a little alcoholized or ammoniated water upon it for the purpose of dissolving its mucus portion, and of detaching the zoospermes from its surface: if any fatty matter is present, a few drops of etherialized water should be used. At the bottom of the fluid thus obtained, a deposit will quickly be perceived: of this a few drops may be sucked up by means of a small tube and placed on the object glass of a microscope which magnifies 400 or 600 times. When thus examined, we usually perceive between the plates of glass several spots of a greasy aspect; it is in these spots that the animalculæ are generally observed. In other points we may notice numerous corpuscles suspended in the fluid, and perhaps also several of the animalculæ floating freely about. There is another method that may be followed. A few drops of the fluid may be placed on a portion of glass and allowed to become dry; if it is now subjected to examination with the microscope, the zoospermes will be generally very easily detected. Dr. Bayard gives a most minute account of the numerous experiments, stating that he has been engaged in eleven judicial inquiries connected with the present subject since the beginning of the present year, and that in each of them a microscopical examination, conducted in the manner explained, has furnished *resultats certains*, sums up the results of his observations in the following category of conclusions:—

1. The spermatic animalculæ retain their life and movements, as long as the mucus, in which they are suspended, remains fluid and warm. I have found them alive during ten hours.

2. The semen, if allowed to become dry and then moistened, swells up and gradually diffuses itself in the fluid—the diffusion being more complete if gentle warmth be applied. By means of a powerful microscope the animalculæ, characterized by their long tails, may then be readily discovered.

3. Dried semen dissolves itself in saliva and also in urine, and the animalculæ are found to be not at all altered in their characters.

4. Pure alcohol, and concentrated solutions of potassa, soda, and ammonia do not dissolve the spermatic mucus; they cause it to shrink up, and they destroy at the same time the animalculæ. If these reagents be however sufficiently diluted with water, they exert a very remarkable dissolving action on the mucus without destroying the animalculæ.

5. To detect the spermatic animalculæ in spots upon linen, &c., we must take great care that it be not rubbed or squeezed either before or after maceration. By filtering the fluid of maceration, and then examining the deposit that remains on the filter, we can generally detect the spermatic animalculæ uninjured, and with their bodies and tails perfect.

6. The presence of the animalculæ may be discovered in the mucus of the vagina (provided the woman has no morbid discharge) for many hours after sexual intercourse.

7. Dr. Bayard says that he has been able to recognise the presence of the animalculæ *a longe queue*, entire and complete in every respect, on spermatic stains of from two to upwards of twelve months old.—*Annales d'Hygiene Publique.—Med. Chi. Rev.*

STETHOSCOPIC PRIZE EXAMINATION, MEATH HOSPITAL, DUBLIN.

[We subjoin the questions constituting the above examination, in order that the profession may estimate the pitch to which physical diagnosis is carried in Dublin, and the attainments of those students who gain prizes there. The questions have never before been published either of this, (the last,) or of any preceding examination. The question naturally arises, how would many of our hospital physicians stand such a test? *Let their works speak for them.* We could pen no answer conveying a satire so bitter.]

Are there any means of distinguishing between a dry state of the pericardium, and a roughened state from the effusion of lymph?

What is Mr. Smith's theory of fatty degeneration of the heart?

In a case of acute carditis, with increased action, dulness, and rubbing sounds, are there any means of diagnosis between endocarditis with turgescence, and pericarditis with effusion?

On what part of the pericardium does organization of effused lymph first commence?

Are there any physical signs of the *first* stages of disease in the lung, pleura, or pericardium?

In pleuritic disease can friction-sounds correspond with great dulness on percussion?

What is the diagnosis between the bronchial respiration of pleurisy, and that from pneumonic solidity?

Andral's diagnois of pleuritic effusion is rapid dulness without preceding crepitus. Is that correct?

Is it understood why in pleuritis with effusion bronchial respiration exists in some cases, and not in others?

Is there any positive diagnosis between an intra-thoracic pulsating cancer, and an aneurism?

In a case of severe stridor, is there anything in the voice to distinguish the stridor of laryngitis from that produced by the pressure of a tumour?

In three cases of pleurisy with effusion—one with œgophony over a great surface—two only heard at a certain line—three totally absent—what is the diagnosis?

How is a case with cleanness on percussion of left side, the heart pulsating under right mamma, distinguished from one of congenital displacement of the heart?

What is the diagnosis of partial obstruction of one bronchus by a foreign body?

Have we any evidence to show that pressure on one bronchial tube is sufficient to cause stridor?

In what case in this country has the introduction of a foreign body into the trachea caused pneumonia, abscess, &c?

In endocarditis with violent action, is there any peculiar character of the first sound?

Is the occurrence of dulness of the præcordia sufficient for the diagnosis of endo or pericarditis?

What is Bouillaud's explanation of bruit de soufflet in endocarditis?

In what acute case has pulsation of the lung been observed?

What phenomena of the circulatory system appear peculiar to phthisis?

In a case of extensive empyema and displacement of the liver downwards, is the disappearance of the hepatic sulcus conclusive evidence of absorption?

Has any other disease of the circulatory system the same effect as aneurism, in simulating disease of the larynx and treachea?

What is Dr. Corrigan's diagnosis of permanent patency of the aortic valves?

In what case has acute bronchitis modified the position of the heart?

Give the diagnosis of acute phthisis.

Do you know any case of great hypertrophy of the heart without increased impulse?

Any case of melanosis producing any peculiar phenomena of respiration?

Does bruit de pot fele occur in any period of pleuritis, and if so, when?

What are the evidences that the mediastinum may be pathologically relaxed?

What is Laennec's opinion as to calcareous matter in the lung causing dyspnæa?

Louis gives protrusion of the præcordial region as a sign of pericarditis. Does this occur in any other disease of the heart?

At what period of pneumonia does the resonance of the voice resemble œgophony?

In what cases of hypertrophy of the heart does a generous regimen answer best?

Take two cases of tubercular excavation with falling in of the chest, one with atrophy, the other without—in which case is the diagnosis easier?

In the resolution of pneumonia, is the rule of its proceeding from above downward constant?

Œgophony and pectoriloquy are both intermittent. In which case is the intermission most observable?

PROFESSIONAL QUACKERY.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

Sir,—Noticing in one of your late numbers an account of the unprofessional mode adopted by a medical man in parliament about to attain notoriety and practice, allow me to call your attention to the disgraceful system pursued by a set of beings styling themselves M.R.C.S., whose disgusting advertisements may be seen daily polluting the columns of our newspapers. The College of Surgeons, before admitting a candidate to membership, compels him to take a solemn oath to support the honour and dignity of the profession, and in their bye-laws, there is a rule that every member advertising a secret remedy, or acting in a manner derogatory to the profession, shall be struck off the list and no longer be a member; yet we daily see advertisements with the four letters blazing forth in the most conspicuous manner, unheeded, unchecked by those who pocket enormous fees, under the pretence of protecting its members and supporting the dignity of the profession!—Supporting the dignity—bah! What care they for its dignity? all they want is the fee; as soon as that is paid you may do what you please, puff, advertise the veriest quack remedies, turn manufacturer of bears' grease, or aught else imagination or cupidity may suggest. That this is not an overdrawn picture, the daily and weekly prints testify. In them we see the names of a Crucifix, Goss, Sloan, Courtney, and Foote (whose hair stuff humbug you have so justly exposed), M'Manus, and others too numerous to mention, blazing forth in all the bombast of the ancient mountebank. Now, Sir, as a member of the College, having paid all my fees, I call on the council to put their laws in force—I call on them to expose these quack M.R.C.S.'s in all the hideousness of their depravity, and strike them from the list. In the name of the profession, of its honour, and its welfare, I demand this justice.

Yours obediently,

One of the Aggrieved.

TO CORRESPONDENTS.

N.B.—*Dr. David's lectures are too dull for publication. There are others worth the space at N. B.s' school.*

CONSTANT READER.—*The number of patients varies, but is never great. We think a pupil may learn as much or little at one hospital as another. It rests with himself—none of the teachers take much pains.*

T. T.—*Dr. Sigmond's book on* tea *has* turned out *a bad speculation.*

A SUBSCRIBER, *who describes his symptoms, and asks for advice, evidently has syphilis. Our advice to him is to apply* at once *to any respectable surgeon. Let him avoid, as he would poison, all advertising and other quacks. We would willingly give a prescription through our columns, but that we object upon principle to prescribe without seeing the patient.* Advice Gratis! *is seldom worth having. Again we say, apply directly to a respectable surgeon.*

Mr. BARKLEY.—*A long established and respectable chemist writes, "Let me beg you to devote your talents to the more humble calling of chemist and druggist, as well as to the higher branches of the profession. To make it respectable it requires considerable reform, and I think, with due submission to your judgment, the only way to accomplish it, is to advocate the separation of the retail apothecary from the dispensary chemist. I am sure there are thousands of chemists (and I hope they all take in your valuable paper) who would willingly sacrifice giving any advice, or interfering in the least with the apothecary, if they would on their part do the same by giving up retailing. I am afraid it will never be accomplished unless Parliament interferes. About twelve months ago, a very respectable meeting of the apothecaries and chemists took place at the Crown and Anchor, and they came to a unanimous resolution to close their shops on Sundays. Most of the respectable chemists adhere to it. I stated, at the time, the resolution would be infringed by the retail apothecary, although there were more than fifty to my knowledge in the room who pledged themselves to the resolution, and, I believe, not one of them adheres to it, so that whatever reform may be advocated by you, it is only a parliamentary remedy that will give it effect."*

SACRED to the MEMORY
of the
MEDICAL MISS-SELL-ANY,
Born October, 1839—Died January, 1840.
THE MODEST OFFSPRING
of
H. W. HILLES, ESQ.,
M. R. C. S., P. J. N. S.,
M. N. O. S., S. P. Q. R.,
S. W. A. B.,
A. N. D.,
A. S.,
S.
PROFESSOR OF ANATOMY
In the UNIVERSITY of PATAGONIA
In its declining days—fish diet WAS prescribed,
and NUMEROUS baits were laid in
the TIMES and ELSEWHERE.
But ALTHOUGH
MANY NIBBLED—NOT ONE FLAT
WOULD BITE.
In LIFE—it WAS OBSCURE,
In DEATH—it is IMMORTAL,
FOR WE
WRITE ITS EPITAPH.
Requiescat in pace.

SUPPOSED CASE OF TRANCE.—Dr. Coley, whose death was prematurely announced a fortnight ago, was supposed to be in a state of trance; whether induced by his disease or whether owing to an unusually large dose of laudanum, we are unable to state. He was, however, buried yesterday (Dec. 31, Tuesday) morning.—*Cheltenham Examiner.*

THE MEDICAL TIMES.

SUPERSTITION STRANGLING SCIENCE.

KING'S COLLEGE AFFAIR.

LET it never be forgotten that Smithfield has been lighted by the lurid glare of fires, in which men and women were thrown to writhe and die in agonizing torments; that there were days when Papist and Protestant, each in their turn, immolated their brethren at the shrine of bigotry and superstition; that the intellect of man was ransacked to invent new modes of torture; and that these horrors arose in ignorance, were fostered, promoted, and raised to the pinnacle of enormity by Intolerance and Bigotry. A shrewd writer has said, that a man may be equally a bigot in belief or infidelity; and that a man may be as bigotted in Protestantism as in Papistry, is, alas! too manifest. The spirit that kindled the fires of martyrdom is still in existence—the feeling that prompted the impalements, the rackings and embowellings,—that made thumb-screws and feasted on the horrors of the torture, is still alive, and moving stealthily and treacherously among us. That it may not again repeat the sickening details of the 'Reformation,' and the enormities which stain the page of English history, during the reigns of Henry the lustful, of Edward the weak, of Mary the bigot, of Elizabeth the vain, of the Scotchman James, and the puritan Cromwell;—that these excesses may not again be perpetrated is not the fault of the bigots and fanatics. They are fraught by the same feelings, have in them the same spirit, and when occasion serves, will evince and support it with the same religious zeal and firm determination.

Such reflections must be forcibly developed by a recent act of one of our new institutions—an institution produced in consequence of the progress of general information, and the demand for improved education in our metropolis. The foundation of the two colleges which constitute the University of London, led us to hope that some advances would be made in the cultivation of science, and that these would be educational, not political institutions. That this hope is fallacious is but too evident,—and in one case party-spirit has shown itself in its vilest and most hideous deformity. King's College has cast off the cloak, and openly declared that bigotry and superstition—not science—is the qualification requisite for a chair in that college, and adherence to the thirty-nine articles the one thing needful. Two of their best teachers—and Heaven knows they have no talent to spare—have resigned in consequence, and the council now advertize for candidates, '*members of the Church as by law established.*' Here is evidence, which it is impossible to mistake—here is evidence of the hated and dreadful spirit to which we have alluded. From Hippocrates to Hunter, through the long list of men who have advanced science, how many, if all were here, could be accepted?—scarcely one. The same bigotry handed the cup of hemlock to SOCRATES—the same bigotry placed GALILEO under the ban of the Inquisition; the self-same bigotry drove the Jews to crucify the Incarnate Godhead, when HE came upon his holy errand of spreading peace and good-will among men. In different aspects, as occasion may require, Bigotry and Intolerance continue to evince their existence—at one time lighting the fires of martyrdom—at another spurning science from the temples raised for the solemnization of her rites.

ANOTHER VACANCY. — On Wednesday morning a report, since confirmed, reached us, that SIR BENJAMIN BRODIE has sent in his resignation to St. George's Hospital. Many surmises have been hazarded as to his real motives to this step, as also with reference to his probable successor; but as they are vague at present, we refrain from giving currency to them.

RIGHT OF CHEMISTS AND DRUGGISTS TO PRESCRIBE.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I have recently read two letters in your valuable journal, headed 'Right of Chemists to prescribe and the Apothecaries Monopoly.' Now, Sir, there cannot be a doubt by any one who is at all conversant in medical law, that every word which has been stated by the writer is strictly correct as to the right conferred on the chemists, both before and in the Act of 1815. And the late prosecution of a druggist in our law courts, at Liverpool, and the final defeat of the drug-mongers of Union Street, has fully confirmed the writer's statements. I will defy any one to point out the distinction of the trade of a druggist and that of an apothecary, as there is no definition of it in the Apothecaries' Act of 1815. No doubt, now the jury confer together on the forthcoming trial, that the learned judge will not mis-direct the jury, but direct them to give the poor defendant, Greenough, the benefit of the doubt of the want of the trade—as Greenough is certainly the party sought to be charged; notwithstanding, there cannot be a doubt as to the question of the legal right conferred and long possessed by the chemist and druggist. No medical reform can ever be achieved in this country so long as the drug-merchants of Union Street are permitted to carry on their nefarious monopoly. We want a thorough medical and surgical reform—one of easy of access—together with no certificate trade! no five years' apprenticeship, and a complete annihilation of quack medicines. I find you have named some of the vendors of quack medicines. Probably you are not aware that the company of apothecaries of Union Street, Blackfriars, take out a license annually for the sale of quack medicines of every denomination, as well as for pepper, vinegar, mustard, and spices of all kind. Can it be believed that the high-minded protectors of the profession hold out a hand for encouraging the sale of poisonous nostrums? I am, Sir, yours obediently,

HENRY JOHN MAYCOCK,
Holborn. Surgeon, &c.

M. COLOMBAT has written a paper in the Gazette des Hopitaux, with a view to establish a distinct connexion between the exclamations or cries which indicate varieties of moral and animal sensation with certain musical notes. He gives fourteen instances of different kinds.

REVIEWS.

The Medico-Chirurgical Review, No. 63, for January, 1840. Edited by JAMES JOHNSON, M.D., &c., &c., and H. J. JOHNSON, Esq., Lecturer on Anatomy, &c. HIGHLEY.

DR. JOHNSON'S Review opens this quarter with a notice of the *Medico-Chirurgical Transactions*, of which full extracts of a valuable character are given, from which the present volume would appear to be of more than average interest. *Gatherings from Grave Yards* next occupies attention, followed by a paper on *Medical Etiquette*. An article on the *Union Contract System*, very properly exposes that disgraceful fraud on the profession, and cruelty to the poor. The reviewer gives, in the commencement of his paper, the following very fair account of the

NEW POOR LAW JUGGLERS.

The absence of any legislative enactment, providing satisfactory attendance upon the poor in their hour of sickness, and sufficient remuneration for their medical attendants, has hitherto left the case of both to the tender mercies of parochial authorities, whose additional duty of protecting the pockets of the rate-payers in their respective parishes, they have only too generally considered to be the sole public object for which they were appointed to office. The attempt, under the Poor Law Amendment Act, at indirectly coercing the necessitous poor to provide medical relief for themselves—and the medical profession to afford such relief on the parish account, at the bare cost of the necessary drugs, was an impudent and barefaced mockery of the sick poor, a wicked and unrighteous fraud upon a whole profession.

But the rights of the poor had their advocates, and those advocates were too wary not to perceive the monstrous inhumanity which must accrue from such an attempt, and not to take note of every individual instance of such inhumanity when it occurred. And it could hardly have been expected that an entire profession would remain dormant while their interests were sacrificed throughout the whole country, for no higher purpose than to enable well-salaried commissioners to get up, from year to year, a fair and prosperous looking balance-sheet; and to send forth, from year to year, voluminous reports of the admirable working of that machinery whereby the sick poor have been neglected or maltreated, and their attendants rewarded in the inverse ratio of their labours. It was too much to be hoped for, even by those commissioners, that the medical profession should be defrauded, or that the sick poor should be wronged, without remonstrance or murmur; and that while those same commissioners pocketed their thousands of pounds per annum—the means and appliances of maintaining handsome establishments—and quaffed their Champagne and Burgundy, the poor, as at Bridgewater, should be quietly regaled on barley-water and water-gruel!

But, it is nevertheless true, that not only was such a hope indulged in—it was even thought to have been realized, and, while the fraud upon the medical profession was prospering, and the injury to the sick poor was proceeding without any serious interruption to its consummation—their very material diminution in the land—the gentlemen of Somerset House were drawing up a congratulatory report, and felicitating themselves on their success.

Appointed by, and subject to, the commissioners, there is a more numerous body of assistant-commissioners; whose business it has been to reduce the respective boards of guardians to the moral dimensions, and to confine the amount of medical and other relief awarded the poor in their several unions, to the pecuniary limitations, prescribed by their own immediate superiors, and to bolster up the worst features of that system which had called themselves into official existence.

The assistants transmit their district reports of the state of things—the commissioners avail themselves of their testimony to assure the public that all is well—and Mr. Chadwick prepares an annual report to that effect, garnished with the laudatory garlands wove for his masters' brow, by his masters' deputies.

But it is not till we arrive at a review of Mr. Parker's book *on Syphilis*, that we come at the most amusing part of the present number. Dr. Johnson, or Dr. Johnson's reviewer, appears on that topic to be in his glory. He takes it up in right earnest, and after a sensible consideration of the subject in the abstract, gives us a few touches which are eminently natural and amusing. We picture to ourselves the man himself writing the following passage,—for instance, pity for the patient, and meaning inuendos for Mr. Parker, lighting up his countenance as he pens it.

God help the penises that fall under M. Ricord's knife. He carves them as if he were cutting out a pattern of a penis, instead of a living, retiring, sensitive penis itself. One would think that penises were not made of flesh, so penal are his operations. This may do very well for a Parisian hospital, but we can tell Mr. Parker that English gentlemen don't like their concerns so interfered with. What the hard-handed people of Birmingham may submit to, we can't say, but we know that in London such bloody-mindedness would not be put up with. If a man has a phymosis, he does not, in most instances, have it cut for beauty's sake, but because the phymosis is an inconvenience. He wants as little of the knife as may be, and any surgeon who begins to slash so unmercifully as M. Ricord and Mr. Parker, will be *cut* himself, he may rely upon it.

This is rich indeed! Altogether the present number of the 'Review' is a good one, as we shall afford our readers proof of by extract hereafter.

The London Anatomist; or, a System of Anatomy, Physiology, and Surgery combined. By G. D. DERMOTT, Lecturer on Anatomy, &c.

OF the many pupils who received instruction under Joshua Brookes, Mr. Dermott was one; and in those days of 'resurrection-men,' few made better use of the dissecting-room than this lecturer. He has since, not only by his reputation as a teacher of anatomy, but by eccentricities of manner rendered himself extremely public; but whatever failings he may have—and who is free from them?—none can deny him the praise of being a first-rate anatomist. He is likewise a staunch medical reformer, and his principles we have no doubt urged him to publish the present book at its low price, which we hope has secured it a sufficient circulation to warrant the completion of the volume at the same rate. Of its correctness, Mr. Dermott's name is a sufficient gaurantee.

Family Medical Reference Book, &c. By W. BREWER, M.D. SILVERLOCK, Wardrobe Terrace, Doctors' Commons.

A VERY neat little volume, giving directions to parents and invalids, how to make a judicious use of the medicine chest, and how to discover and treat many common diseases. We are no friends to the 'Every Man His Own Doctor' system, although we think that Dr. Buchan's book has made more invalids than ever it cured; yet such of our unprofessional readers who keep medicines, will do well to be acquainted with these methods of using them. Dr. Brewer also has the wisdom to point out when the patient should send for a professional man. It is altogether a clever little volume. Mr. Silverlock's very convenient labels are already known to the profession. He has sent us specimens of a new series, which we hope will succeed as they deserve to do so.

MEDICAL FEES.—The late Lord Dudley and Ward, long before he was assailed by his terrible affliction, was in the habit of presenting his physician with whatever happened to be in his pocket at the time, whether it were a bunch of keys or a purse of gold. Dr. Chambers, Sir Benjamin Brodie, it is not unlikely, realize 12,000*l.* a year from their profession; but there is a long interval between these and any other persons. Sir Everard Home, during the time of the income-tax, returned, it is said, 21,000*l.* as his professional income; but, if so, it was probably an *ad captandum* mode of exaggerating the magnitude of his business, inasmuch as he had succeeded to his uncle, Mr. Hunter, who was a much more celebrated man, but who did not make half that income. Drs. Fothergill and Lettsom, Quakers by persuasion, and enjoying an extensive City celebrity, have been said to realize, in some years, the former 8,000*l.* and the latter 12,000*l.* The largest income, however, we believe, which was ever made in the profession was made by Sir Astley Cooper, during his residence in the City; it amounted, during one year, to 21,000*l.*—we have heard it rated still higher. The merchants of the City are accustomed to come at once to the point, and to hand out their fees liberally; they lie comparatively close together—time is not wasted in consultations, nor are those observances required which are generally expected towards great people and their relatives: consequently, a great deal of profitable business may be speedily despatched. At the west-end of the town it requires good management to see three patients in the hour. Sir Henry Halford, it is said, can accomplish four. But taking either of these data the amount is easily told.—*Quarterly Review.*

ANALYSIS OF THE BLOOD AND URINE OF A DIABETIC PATIENT, BY J. B. MULLER, OF MEDEBACH.

12 oz. of Blood.

Chloride of sodium	24½ grs.
Chloride of potassium	13 grs.
Sulphate of potass	9 grs.
Carbonate of potass	17 grs.
Carbonate of lime	14½ grs.
Carbonate of magnesia	9 grs.
Phosphate of magnesia	10 grs.
Carbonate of soda	11 grs.
Phosphate of iron	22½ grs.
Sugar	1 drachm 8 grs.
Albumen	1 oz. 3 dr. 37 grs.
Hematocine	1 oz. 5 dr. 54 grs.
Adepose Mallee	52 grs.
Fibrine	26 grs.
Extractive matter	22½ grs.
Water	8 oz. 1 dr. 33 grs.
Phosphate of soda	8½ grs.

5 oz. of Urine.

Sugar of urine	2 oz. 3 dr. 37 grs.
Urea	1½ grs.
Uric acid	a trace.
Fœtid extract	5 dr. 40 grs.
Mucus	5 grs.
Gum	2 dr. 26 grs.
Albumen	7 grs.
Sulphate of potass	5 grs.
Chloride of sodium	13 grs.
Chloride of potassium	3½ grs.
Phosphate of lime	6 grs.
Hydrochlorate of Ammonia	8 grs.
Phosphate of soda	26½ grs.
Phosphate of magnesia	¼ gr.
Silicium	1 gr.
Oxide of iron	a trace.
Water	46 oz. 3 dr.

M. MALGAIGUE states, with respect to hernia, that there is frequently hereditary predispositon. Out of 316 cases in 87 it was known that hernia had previously existed in the families, and chiefly in those to whom the disease had occurred a an early age.—*Lancette.*

MEDICAL PORTRAITS.

A LONDON LECTURER.—JOHN EPPS, M.D., EDIN.

An announcement in the "Times" that Dr. Epps would deliver "a lecture on Homœopathy, on Monday evening, January 6th, at the Lambeth Social Institution, admission threepence"—determined us to dive thus far into the bowels of the Borough, and be present at the exhibition. Proceeding, therefore, until we arrived near the Orphan Asylum, we contrived, after a good deal of inquiry, to discover this temple of philosophy. An ill-looking and somewhat dilapidated exterior, apparently the remnant of some ancient temple of Bacchus, *vulgo* gin-palace, was placarded with bills, announcing the important fact, that besides a lecture on Homœopathy, by John Epps, M.D., that gentleman would deliver a course on Physiology, at the same rate of admission. Without further observation, we presently found ourselves in the lecture-room—the *forum*, as one or two classical visitors termed it—the glare of a brilliant gas-lamp exhibiting, in their native glory, the ordinary avocations of the auditory. After a few moments the M.D. approached; enthusiastic shouts of applause welcomed him; and drawing himself up into an attitude of overwhelming self-appreciation, walked upon the platform, from which we now sketch his portrait, reserving a notice of what followed for another occasion.

John Epps, M.D., &c., is no less a personage than the eldest son of the late equally renowned burly John Epps, of boiled ham and beef notoriety, who, to injure such of his late shopmen who chose to become masters of similar establishments, always opened a shop (if possible) next door to that of his late servant's residence; thus, at one time, no less than *twenty-two shops* in the cities of London and Westminster, and the leading thoroughfares, bore, in large gold letters over the door, the name of John Epps; but he soon terminated his career by becoming a bankrupt, and soon afterwards his life in the river Thames, near Battersea. Like the father, so did his son John wish to become notorious in the world, and as his papa determined to make John a *gentleman (?)* he sent him to the University of Edinburgh, where in due time John *bought* his degree of M.D.

During his residence in modern Athens, he attended Combe's lectures on Phrenology, and we believe also those by the late Dr. Spurzhei, delivered in that city. Shortly after having published a somewhat stupid work, entitled '*Scripture and Phrenology Harmonized*,' he hied himself to modern Babylon, and commenced lecturing on a variety of topics at the London and Provincial Mechanics' Institutions, and also *preaching theology!!!* In 1828, he he lectured on Phrenology at the So thwark Mechanics' Institution, and also delivered a most *ungrammatical* discourse upon *grammar!* wherein he stated that the *pronouns* were useless, and ought to be abolished. As may be supposed, he excited the laughter of his audience, among whom were several schoolmasters, who, on this topic at least, were able to give John Epps some valuable information. In 1828, he contended for the Chair of Medicine in the London University, but (sad fortune) was beaten by Dr. Conolly. The same year he published his 'Horæ Phrenologicæ,' which certainly did not much add to his fame, though it did to his pocket, as he sold it by subscription. He also edited the monthly 'London Medical and Surgical Journal,' which struggled on for two years, until it became the property of Dr. Ryan. On the death of the talented but eccentric Dr. Walker, little John managed to scrape into the good graces of the managers of the Royal Jennerian and London Vaccine Society, so as to get appointed Dr. W.'s successor, at 150*l.* per year, and *all* the patronage and *cash* he can make beside. He wrote, under the patronage of Mrs. Walker, the life of her late husband; and as he *philanthropically* pleaded the cause of the *destitute widow (?)* the nobility, gentry, and the profession subscribed handsomely, which money *the two* are said to have shared.

Dr. Epps has lectured at almost every minor medical school that has been established in London since he arrived from Edinburgh; but his colleagues all speedily cut his acquaintance. His office of Director to the Vaccine Society is almost a sinecure; for a deputy being allowed him, we find that one week he is at Liverpool teaching *Phrenology*, at Manchester *Botany*, at Birmingham *Anatomy* and *Physiology*, and so on. At the political meetings, both parochial and general, he, if not chairman, is always a prominent *spouter*—on all election committees John Epps is sure to be found; and so fond is he of the M.P.'s for Finsbury and Kilkenny, that he always places their *heads* on the table when he lectures on phrenology, and boldly declares, these are the two men who alone have abilities "*to become the political saviours of their mis-governed country.*" He worked for "*his friend Tom*" like a slave during the contest for the coronership of Middlesex. Does this not explain the silence of the *Lancet* on a recent case?

This is not all. If John could not found a Royal Society, he could at least, and did establish an *Anthropological Society*, which was composed of his noble self as *president*, of Dr. Epps as *director*, Dr. Epps as secretary, Dr. Epps as treasurer: its members were medical students, a journeyman cabinet-maker, two or three tailors, shoemakers, one lawyer, two or three local Wesleyan and Independent preachers—*et hoc genus omnes*. They pay 10*s.* 6*d.* per year, hold their meetings once a fortnight at the doctor's house, and those who chose to pay for refreshment have tea, coffee, bread and butter, and toast given them by Mrs. Epps, who does the honours of the tea-table. He is also the editor of 'The Christian Physician, or Anthropological Journal,' which is a strange compound of anatomy, physiology, phrenology, politics, religion, and abuse of the Church and Tory party.

We must regret deeply that want of space prevents further particulars; but having given a hasty portrait, we must find room for the inscription:—

"John Epps, M.D., Director of the Royal Jennerian and London Vaccine Societies—Professor of Grammar Medicine!! Materia Medica!!! Chemistry!!!! Phrenology!!!!! Anatomy and Physiology!!!!!! and of Homœopathy, &c., &c., &c."

THOUGHTS ON THOUGHTS—MR. KEY AND HIS COGITATIONS.

"Vocem præcludit metus."—Phædrus.
They are so scared they dare not cry out.

We are indebted to the 'Medical Gazette,' of the 7th ult., for one of the most amusing productions which has ever adorned the pages even of that sapient journal. The author of the communication to which I allude is Mr. Key, an individual who holds a high rank among the *pure* surgeons of this metropolis; and, though it has seldom fallen to his lot to be accused of too much honesty, he has in this instance, at any rate, avoided that circumlocution which is so peculiar to him, and has for once succeeded in rendering himself sufficiently intelligible. His epistle, however, is pregnant with low cunning and crafty policy, the weapons to which conscious impotence ever has, and probably ever will be compelled to resort. It appears from Mr. Key's confession that it is a high object of his ambition to be seated on the bench occupied by that immaculate body the council and examiners of the Royal College of Surgeons; probably at some future period he may aspire at becoming the president of that august assembly, but he evidently has fears that ere an event so congenial to his wishes shall arrive, the sword of destruction will have passed through the land. He imagines that he has discerned in the embryo of a liberal institution a germ, which (though at present small as a grain of mustard seed) will, if "properly cultivated" "shoot out great branches, so that all fowls of the air will lodge under the shadow of it." But our author is aware that this seed, though it be planted in a fertile soil, has sprung up among thorns; he is well assured that it is surrounded by noisome weeds, and the hope that he most dearly cherishes is, that those weeds will choke it in its infancy. He imagines that those who ought to be sowing their tares are sleeping, and he sounds the alarm through the land. The situation of the council awakens in his breast the same emotions that were kindled in the mind of Satan when he beheld the "floating carcasses" of his angels scattered on

"The fiery surge, that from the precipice
Of heaven received them falling."

And he (Mr. Key) calls to his companions in the words of the arch fiend,

"Awake, arise, or be for ever fallen!"

Some of the first "*thoughts*" of our author concern the British Medical Association, and although he approves of many of its objects, he nevertheless "declines to enlist his name in their corps." His excuse is, that their "proceedings bespeak so much political partizanship, and so much questionable feeling." Every one capable of reasoning, and not blinded by prejudice, must allow that the objects of this institution are admirable; all classes in the profession, whatever may be their political principles, are invited to join it, and to take rank according to their professional eminence: so much for political partizanship! As to the term questionable feeling, it is so vague an expression, that any attempt to reply to it would be as difficult as it would be useless. Why are our present medical institutions so unpopular? Why does quackery exist to so enormous an extent, though it is universally acknowledged to

be a system which assails the most precious of all blessings—though its envenomed arrows are directed against the most inestimable of all treasures—the health of the community! Why do common druggists continue to prescribe and dispense medicines, and to deride the impotent menaces of those bodies to whom our educated practitioners have in vain appealed for relief? Simply because there is no medical unity—because our colleges are rival institutions, and not only are they rival institutions, but internal discord prevails in their respective councils! Even the College of Surgeons, decidedly the most respectable of our medical institutions, is, as Mr. Key very justly observes, unpopular; "it is regarded by the profession with a cold and jealous eye." "The members have no community with the college"—in fact, it is a house divided against itself, and we need no ghost from below to tell us its fate. One cannot but admire the cunning manner in which our author alluded to the formation of the new University. He thinks "it matters but little to the question how far a university in London was, or was not, a desideratum; it is enough for us to know (he observes) that it has been founded." The most inveterate supporters of monopoly were far too sly openly to maintain a position so directly opposed to the principles of common sense, and so obnoxious to public opinion, as that which asserts that there was no occasion for a university in the largest and most enlightened city in the world, yet our author will not state plainly that he believed such an institution would be beneficial. He was unwilling to give the sanction of his name to its utility, because on such an admission the following question must of necessity arise. If we have a body of scientific men, who as examiners are capable of fully testing the medical acquirements of those who may apply for their diploma, whence the necessity of undergoing any farther examination? Mr. Key is fully aware of the force of this kind of reasoning, and one of the objects of his letter appears to be to stimulate the authorities in Lincoln's Inn so far to reform their college, that they may apply to government for a licence without being put to the blush.

Our author is well aware that the absurdities of the Apthecaries' Company are too gross to be tolerated much longer. The demolition of that body is certain, and it is probable that a more elegant fabric will be constructed on its ruins. Neither the Colleges of Physicians or Surgeons, nor the new University, possess the privilege of granting along with their diplomas a licence to practise medicine in all its branches. It is possible that this privilege will be granted only to one of those bodies, and it is reasonable to expect that the contest for it will be severe. *To arouse the members of his college from their lethargy, and to prevail on them to exert their claims, seems to be the main object of Mr. Key's letter.* Whether his address will have the same effect on the collegians as Satan's exhortation had on the devils, remains to be proved; the latter, we are told,

——"Heard and were abashed, and up they sprung
Upon the wing, as when men wont to watch
On duty, sleeping found by whom they dread,
Rouse and bestir themselves ere well awake."

In our humble opinion the line of policy pursued by the council is the wisest they could have adopted, for we believe they are well aware how nearly their situation resembles that of the frogs in the fable, among whom Jupiter sent the water-snake.

"Frustra necem
Fugitant inertes; vocem præcludit metus."

In vain they helpless scamper forth from death,
Fear stops their mouths and makes them hold their breath.

Admitting the conjectures concerning the contest for the licence by the rival colleges to be true, and supposing that contest to rest mainly between the new University and the College of Surgeons, let us examine the respective claims of the two bodies.

THE UNIVERSITY EXAMINERS,
Few of whom, according to Mr. Key, are among the "elite" of the profession, are

D. Roget	Professor Henslow
Dr. Todd	Professor Daniel
Dr. Tweedie	Mr. Bacot
Dr. Billing	Mr. Kiernan
Dr. Locock	Mr. Pereira.
Sir S. Hammick	

THE COLLEGE EXAMINERS,
Who, according to Mr. Key, constitute the "elite" of the profession, are

Sir A. Cooper	Mr. Vincent
Sir B. Brodie	Mr. S. Cooper
Sir A. Carlisle	Mr. White
Mr. Guthrie	Mr. Andrews
Mr. Thomas	Mr. Keate.

If a knowledge of anatomy and surgery be all that is requisite to form an able and scientific practitioner in medicine, then we should have no hesitation in admitting that the college examiners are the most competent persons to conduct such an examination, though we very much doubt whether they can boast among their number a more distinguished anatomist than Mr. Kiernan, the University examiner. But if a knowledge of the principles of medicine, physiology, chemistry, materia medica, and midwifery—subjects which we deem equally important with anatomy and surgery—if it be requisite that those to whom the lives of their fellow-creatures are to be intrusted should be submitted to a searching examination on these subjects, then we boldly maintain that there is not an individual among the college examiners (the "elité" of the profession, according to Mr. Key) who is capable of conducting such an examination; and we fear, that had the college been successful when they applied to parliament for their licence, the force of the poet's satire,

'Whose murd'rous hand a drowsy bench protect,
'And whose most tender mercy is neglect,"

would not have been diminished by the rising medical generation. It may be alleged, and probably with some degree of truth, that the only medical examinations which have taken place at the new University have not been conducted with that degree of fairness which should have characterized the proceedings of a liberal institution. But such a circumstance, greatly as it is to be lamented, is to be attributed to the partiality or prejudice, and possibly, by the more charitable, to the inexperience of the individual examiners. It is however certain, from the nature of the questions which have been published in several of the journals, that the examinations at the University were a severe test of the acquirements of the candidates, and that their questions could never have been answered, their diploma could never have been obtained (as many of the college diplomas have) by those who have received the greater part of their education in the tap-room of a pot-house, or in the saloon of a minor theatre!

That part of our author's letter, in which he favours us with his "thoughts" on the subject of reform, is certainly neither the least amusing nor the least cunning portion of this extraordinary epistle. The general principle of reform which is advocated, in no way differs from that which has long formed a subject of discussion in medical politics, and which consists in the election of the council of the college being intrusted to the great body of its members; and our author appears, at first sight, to be forcibly struck with the plausibility of this measure, which he may possibly have mistaken for an original conception. Some sage or other has somewhere observed that "second thoughts" are best, and so Mr. Key appears to think, for on reflection it occurred to this enemy of "political partizanship," that should his scheme be adopted some heretic might possibly be elected, who "would subvert all rule and order, and sacrifice the interests of the college at the shrine of popularity." He therefore proposes, "in order to prevent any really objectionable member being elected, the college might retain a *veto* that would act as a check on the electors, even though it should not require to be exercised." In order to render this last sentence intelligible, we must suppose the word college to be a misprint for council, and that it is the latter body for whom Mr. Key wishes to retain the veto; so that after wading through half-a-dozen pages of the 'Medical Gazette,' our author returns to the very same point from which he set out, and by dint of exercising too subtle a policy frustrates the very measure which he started with advocating; and should any alarm be excited in the minds of the present examiners at measures of reform being proposed by so orthodox an individual as the senior surgeon of a metropolitan hospital, we will assure them that their fears are totally groundless, for the nephew of Sir Astley has offered them an antidote with one hand for the remedy he would affect to administer with the other.

L'ENVOY.—As Mr. Key has on more than one occasion courted notoriety by indulging his epistolatory powers—and he is a very fair sample of an extensive genius, who is dignified by the title of hospital surgeon—a very brief review of his professional career may not, in the present instance be deemed misplaced. At the early age of twenty-four, Mr. Key was elected surgeon to one of the largest and most wealthy of our metropolitan hospitals, and by the unparalled opportunities afforded by such an institution, joined to his possessing great industry and some talents, he now deservedly holds, if not the first, at least a very high rank among British surgeons. But let us inquire what were the circumstances which procured Mr. Key that situation which has proved the foundation stone on whid hhis present reputation as a surgeon is based? This is the answer, that he was a nephew of Sir Astley, and a protegée *King* Harrison, of without which qualifications the mantle of Harvey might have descended upon him—the genius of Hunter might have been his, and they would have availed him nothing. Mr. Key's present hopes of a seat on the council rest not on his professional eminence, nor on his surgical talents, but on those very qualifications which secured him his election of surgeon to Guy's Hospital. I appeal to the last addition made to the council of the college, and maintain that it is an undeniable proof that scientific attainments are totally disregarded in their elections. What has Mr. C—— ever done for surgery? What improvement has he ever effected in the healing art? Is science indebted to him for a single discovery? I admit that he is called a *pure* surgeon, and enjoys a considerable practice among the second-rate of inhabitants in the Borough of Southwark, whose daughters he is said to put on the check in so facinating and condescending a manner that he is quite irresistible. But we believe that the Worshipful Company of Apothecaries cannot produce from among all its worthies an individual more ignorant of the meaning of the term science than is this last ornament of the college council.

It is utterly impossible that any, even temporary benefit, can accrue from the rotten measures of policy which have been proposed by interested individuals; and it is an undeniable

fact, that until a thorough reform be effected, not only in our existing medical institutions, but also in the method of electing our public lecturers and other officers, the finest abilities and the most exalted genius will ever be baffled and frequently overwhelmed in their struggles towards eminence. We owe it to the present execrable system of political intrigue, which pervades alike all our medical institutions, that there are so few in the profession who can unite with Cassius of old, and exclaim

"The fault, dear Brutus, is not in our stars,
But in ourselves, that we are underlings."

While we abound with examples of that melancholy truth, which has been so beautifully expressed by one who keenly felt its force,

"How rises worth by poverty depress'd!"

MONOS.

SIR BENJAMIN BRODIE'S

CLINICAL LECTURE AT ST. GEORGE'S HOSPITAL.

JANUARY 7.—ON DIVIDING STRICTURES OF THE URETHRA.

GENTLEMEN,—I am sorry I am rather after time to-day, but you will please excuse it. I wish to direct your attention to the subject of Strictures of the Urethra, the cases in which they should be divided, and the best mode of performing the operation. I will first give you the main facts of a case of mine:—The patient, a man, I forget his name, laboured for some time under a stricture; the stream of urine gradually diminishing in volume—and at last, about a year ago, he was seized with retention. He went to St. Bartholomew's, and a catheter was passed, but without any permanent good result; and on the 12th of July the man came to this hospital. He was labouring under urgent symptoms—the urine was alkaline, and loaded with mucus; the countenance anxious. He was ordered some nitric acid and opium, and on the 15th a catheter, No. 1, was, with great difficulty, passed into the bladder. His urethra was irregular in its surface, and the stricture extended some distance, and was greatly indurated. The instrument however could not be again used, as its passage was followed by violent shiverings, by fever; in short, the man became dangerously ill. It was a very bad stricture—the mucus membrane of the bladder was inflamed—the case could not be cured by the ordinary remedies, nor could he bear the catheter. Common cases of stricture are easily cured by bougies, and I shall not occupy your time with them, but will consider peculiar and difficult ones where other treatment is called for.

One difficulty arises when the use of the catheter is followed by shivering, by fever, which may last for weeks. I have seen it followed by rheumatic fever, and in one case I have known the passing of a catheter to be followed by mania. Persons who have been subjected to hot climates are particularly liable to this disease, and such persons are often attacked in this way. Many such came under my observation, and for a long time I scarcely knew how to manage them; but I afterwards adopted two methods which were successful, and which I will now point out. When the use of the catheter is followed by shiverings, you may give a dose of opium to stop them, and purge the patient next day, and under this treatment the symptoms may subside. But in some cases it does not stop the rigors, and in others the opium disagrees with the patient; and then you must resort to the other method which is most effectual. It is this. I had noticed that the shivering never commenced till the patient made water, after the instrument had been passed, and it occurred to me that it was caused by the passing of the urine over the surface of the urethra rendered irritable by the contact of the catheter; and that if this could be prevented the shiverings would not follow. I accordingly, instead of an ordinary catheter, used a hollow gum bougie—an elastic gum catheter—which having passed, and drawn off the urine, I pegged up at the end; and thus the urine was prevented from touching the surface, and the patient, by removing the peg, could relieve the bladder when requisite. This prevented the recurrence of the rigors, and in my own practice *I have never, in any one instance, known it to fail.* A gentleman who lived at Gibraltar had symptoms of stricture, and a bougie being tried, he was attacked with fever, which continued for months. The stricture becoming worse, he came to England, and put himself under my care. The bougie practice failed—the gum catheter answered. It was passed, and remained three or four weeks, when it was changed for a larger one; the urethra was in this way dilated, and the patient cured.

There are strictures where no instrument can be passed. These are old strictures, and are often of great length. You may in some cases use the nitrate of silver, but it will not answer always. When I first commenced practice, a gentleman came to London to consult me. I with difficulty got a small instrument into the bladder, but could never get another in. I tried the nitrate of silver, I tried opium, but he could not make water. After two days suffering, I saw the danger of his bladder or urethra giving way, and passing my finger into the rectum I felt the distended bladder; punctured itfrom the rectu m, a d left the canula in the opening thus made. The wound became fistulous, and the patient voided his urine by the rectum. *The pressure of the urine being taken off the stricture*, after a short time an instrument passed easily, and the patient was cured. I will give you another case. A man came into this hospital three or four years ago, who had for a long time laboured under stricture. It was a bad case, no instrument could be passed, and I operated upon him. After making an incision and cutting down on the urethra, I requested the patient to strain, and the urethra became distended with urine; putting my finger on the distended portion, I divided it, the urine spouted out, and I left the canula in the opening. This occurred about the vacation time, and I left town for five or six weeks. During this time the urine had been passed by the canula, *the pressure had been removed from the stricture*, and on my return an instrument passed easily.

MR. STAFFORD proposed an instrument for cutting through a stricture, by having a kind of stilette at the end of a catheter. I am afraid of this mode of treatment. How do you know you are in the right passage? How liable you are to slip the cutting point out of the true line. What is to guide you? I know a case where the patient died from such a cause. I do not like it, and adopt another method. A man, a veterinary surgeon, labouring under stricture came into this hospital. No instrument could ever be got into the bladder. I had an instrument made. Here it is. (Sir B. B. here exhibited it. It is a *straight catheter*, having a lancet inside, which may be forced out at will, and kept firm by a screw.) I had the patient tied up, as if for the operation of lithotomy. I made an incision into the membranous part of the urethra and laid it open, of course beyond the stricture. I then put my finger into the urethra, and turning my nail towards the penis, pressed against the stricture. Then passing this instrument, the lancet being inside it, I came to the other side of the stricture; I could feel its thickness; I knew the direction of it, and with these certain points to guide me, I pressed the lancet through the stricture until it touched my finger. I then introduced a gum catheter, the wound healed, and the patient recovered.

At one time surgeons were in the habit of doing what was called "*dissecting out a stricture*;" but I do not believe the surgeons who did it knew what they were about. What with the blood, the want of guiding rules, and so on, it seldom succeeded. I never did it myself, nor has it been done in my presence in this hospital. I think it an absurd practice with an instrument like this at command; for though there is great danger in using a cutting instrument attached to a catheter when the urethra is whole, and you have nothing to guide you, it is the reverse when the urethra is open, and you can cut with certainty in the required direction.—Sir Benjamin then made a few remarks on a recent operation, and concluded by stating that the next lecture would be on a disease of the breast undescribed in books.

CARIES OF THE TEMPORAL BONE, TERMINATING IN INFLAMMATION OF THE BRAIN.

BY J. PARRATT, ASSIST. SURG. R.H.A.

TRUMPETER, Edward M'Knight, Royal Artillery, aged fourteen and a half years—general appearance healthy—was admitted into the Royal Ordnance Hospital, Island Bridge, at half-past eight o'clock, A.M., Wednesday morning, November 6th, labouring under fever, headache, anorexia, and foul tongue, for which an emetic, followed by active cathartics, was prescribed; and when the bowels were freely relieved, calomel and James's powder, in small doses, every four hours.—7th. Cerebral symptoms becoming more developed, and pulse not indicating general depletion, the head was shaved, and an evaporating lotion applied over its surface: a blister between the shoulders, and a saline antimonial draught given every four hours.—8th. No material alteration in the patient—cathartic draught repeated, and James's powder at bed-time.—On the morning of the 9th, I visited him for the first time—he had passed a very indifferent night from delirium—complained of pain chiefly of hips and back—answered rationally—pulse 112, quite compressible—tongue moist, loaded—left pupil contracted—right rather sluggish—skin hot and dry, with occasional chillness. Leeches applied behind the ears—calomel gr. iij., James's powder two grains every four hours—cold applications to be continued if the scalp become hot. The catheter was now introduced, and a pint of dark-coloured urine drawn off: at half-past five, P.M., he complained of griping. To have half an ounce of oleum ricini, followed by a common enema. On the morning of the 10th, at six o'clock, I found him much altered for the worse, having almost completely lost the power of articulation, although apparently sensible—left pupil still contracted—strabismus—injection of the conjunctiva—convulsive twitching of the tendons, and pulse of moderate strength. The temporal artery was now opened, and after about six ounces of blood had been abstracted, the countenance became pallid, and pulse feeble. Ordered: a large blister to be applied over the occiput—mercurial friction to the inside of his thighs, and cold applications over the forehead—the calomel continued, and catheter again introduced, in consequence of his frequent attempts to void urine, without the power of doing so. He died at half-past two o'clock, P.M. Examination nineteen hours after death.—Upon exposing the cranial cavity, the dura mater appeared healthy—the surface of brain extremely vascular, with much turges-

cence of the veins, especially on the left side—a milky fluid was found effused beneath the tunica arachnoides—the substance of the brain softer than natural, and presenting numerous bloody dots when sliced—the ventricles contained three or four ounces of bloody serum, which was also observed at the base of skull and in the vertebral canal—upon removing the brain, the base of the organ was discovered extensively coated with pus, in which the origin of the nerves appeared immersed—that part of the dura mater covering a large part of the petrous portion of the left temporal bone was quite detached, and apparently gangrenous, the bone softened, and when broken into, of a greenish hue. Although I obtained some information before the patient's death, as to his being occasionally subject to earache and slight discharge, I have since ascertained that the disease must have been at least of eighteen months' standing, and the result of cold caught by exposure to wet, when on the West Wharf guard at Woolwich Arsenal. It had not, however, appeared of sufficient importance to induce him to apply for advice until the last fatal lighting up of the latent disease, which was the consequence of his bobbing for apples in a tub of cold water on All Hallow's Eve last.

Three years since I was sent for to the wife of the overseer of works, Kingston, Upper Canada, who was taken suddenly ill, having previously gone about her usual occupations, apparently quite well. I found her almost completely insensible, unless when roused, and quite incapable of articulation—pulse languid—skin cool. She was cupped, and a large blister applied between the shoulders—a full dose of calomel given, and turpentine enemata administered. In spite of these means she died in about twenty-six hours.

Upon examination of the head an abscess was discovered occupying the whole of one side of the cerebellum, the petrous portion of the temporal bone on the same side being converted into a soft, greenish, disorganised mass.

It happened, very soon after this latter case, I was required to attend on the commanding officer of artillery, Colonel C., who was attacked by severe and agonising otitis; and having its occasional fatal results strongly before my mind, I determined to neglect no means in endeavouring to completely subdue the disease, and prevent its assuming a chronic form. The means employed were repeated cupping behind the ears, anodyne fomentations, the exhibition of calomel and opium, occasional purgatives, blisters, and other counter-irritants. By these remedies a cure was completed in about three weeks.

APPOINTMENTS, PROMOTIONS, & VACANCIES.

MEDICAL OBITUARY.—At the Abbey, near Denbigh, in the prime of life, William Yorke Jones, Esq. one of the Surgeons of the Denbighshire infirmary. He was a man universally esteemed for uprightness of character, and his professional skill was held in the highest esteem.

The post of Surgeon and Superintendent to the Lancaster Lunatic Asylum has been declared vacant. The election will take place on the 13th February. The salary is £300 per annum, house, servants, &c. &c.

On the 22d ult., aged sixty-nine years, David Haigh, Esq., Surgeon, proprietor of the Newton Heath Asylum, near Newcastle-upon-Tyne, for diseases of the mind.

Mr. Bedwell has been elected Surgeon to North Reach Prison. He was opposed by Mr. J. Rist, who was recommended by the retiring surgeon, to whose practice he had succeeded, and for which he had paid a sum of money. Sir John Gulse and other magistrates strongly repudiated the idea that any office in the prison establishments could be made a matter of bargain and sale by the person filling it; and this was the general impression of the board.

APOTHECARIES' HALL. — The following gentlemen passed on Thursday, Jan. 2:—EDWARD ENGLAND PHILLIPS, Chilton-super-Poulton; CHRISTOPHER FOUNTAIN BROWNE, Leeds; THOMAS OLIVER DUKE.

According to a recent statistical calculation, there is one deaf and dumb person to every 2,000 inhabitants in France.

CHARGE OF PLAGIARISM AGAINST M. ORFILA.—M. Couerbe, of Verteuil, has addressed a memoir to the Academy of Sciences, wherein he reclaims as his own the discovery of the natural existence of arsenic in bones, which M. Orfila has appropriated as his own, though originally confided to him by M. Couerbe, who had requested his assistance to verify the fact, submitting to him the following propositions: 1. This arsenic may be derived from the earth of cemeteries, which is, for the most part, arsenical, or from springs which may convey it from great depths and bring it in contact with the bodies. 2. The phosphate of lime of the bones may contain arsenic, or hold it in combination as arseniate of lime, for the phosphates and arseniates are often found together. This would appear the most feasible supposition. 3. Again, in the progressive state of science it may be suspected that phosphorus may be transformed into arsenic, or that a phosphatic combination may be transmuted into an arsenical one, for M. Couerbe holds the idea that the different metals are formed by a kind of incubation of particular substances in the bosom of the earth.—*Gazette des Hopitaux.*

WE are credibly informed that a deputation from the COLLEGE of PHYSICIANS waited on DR. ELLIOTSON last week, with the request that he would exert his influence to reduce the Medical Association to a state of mesmeric somnolency, and therefore lay its unquiet spirit. The learned doctor declined the task, but kindly suggested that they should allure as many of the body as possible to one of the somniferous conversaziones at the Royal College, when he doubted not that such a Lethean slumber would be caused as had never previously occurred to any members of the B. M. Association.

A medical gentleman residing near the Chain Pier, of the name of Hodgson, hired a Newhaven boat with three of a crew, for the purpose of shooting sea-fowl a day or two since. A squall overtook them, and the boat was thrown bottom upward, and three out of the four perished.—*Caledonian Mercury.*

NORTH OF ENGLAND MEDICAL ASSOCIATION.—We rejoice to hear of the success which has attended the establishment of this Association. The Provisional Committee have completed their arrangements; and the first meeting is to be held on Tuesday, 21st January, at Newcastle-upon-Tyne. Along with other business, a Report will be read on the existing state of the profession. The half-yearly meetings of the Association are, we understand, to be *open* to any *non*-professional gentleman who may feel disposed to attend. The public are deeply interested in the well-being of the medical profession; and we trust that the new Association will be instrumental in removing many of the prejudices and erroneous ideas which have afforded such ample scope for imposture and empiricism.—Medical Reform is making rapid progress; and nothing, we are convinced, is wanting, but perseverance and combination amongst medical men themselves, to secure the serious attention of the legislature for a subject of vital consequence to the whole community. We hope, therefore, that every success may attend the North of England Medical Association, and that it may receive the cordial support of the profession throughout the northern counties.

T. M. Winterbottom, Esq., M.D., has presented to the South Shields Loyal Standard Association a splendid twenty-inch terrestrial globe; and has also given a twenty-inch celestial globe to the Mechanics' Institution of that town.

At the Wilderness, Dartmouth, 29th December, W. C. Hunt, M.D., aged 78. The demise of this excellent person will long be felt and extensively lamented by all classes throughout this town and neighbourhood, as during his long practice here he was universally beloved and respected. In him the poor especially have lost a true friend, a kind sympathiser, a generous helper, and sincere adviser. In an extensive domestic circle, his loss cannot be otherwise than deeply deplored, as every relative tie which united him to it was by this truly Christian character affectionately and worthily fulfilled.

That illustrious sage, Sir Anthony Carlisle, has been exhibiting himself to the members of the Physical Society, much to their edification and amusement. At the last meeting he treated them to a luminous *exposé* of his views on the reparative power of certain animals and plants; his arguments being directed to prove that the manufacture of *Mocha-ware* in the potteries is subject to the same laws that operate in the organization of effused matter poured out after injury in animal fissures! Such a medley was never, perhaps, before inflicted on any patient auditory as this by the enthusiastic knight. As a recompense, however, he has presented the Museum of the Society with a tolerable collection of specimens.

INQUESTS IN THE LONDON HOSPITAL.—No fewer than seven inquests were held last Monday in the London Hospital, by Mr. Baker. Three were cases of burning, one of suicide, and three of accidents originating in drunkenness.

ROYAL JENNERIAN AND LONDON VACCINE INSTITUTION.—On Wednesday last, at the Annual General Meeting of this Institution, the Rev. Mr. Knapp in the chair, a gratifying Report was read of the progress of vaccination. By the alteration in the postage, increased facility would be afforded for the distribution of the vaccine matter among the poor throughout the United Kingdom; and thus, one of Dr. Jenner's most lively hopes be realized. During the past year, the number of persons vaccinated at the Institution in London, amounted to 6538. This was less than the preceding year; but it showed, at the same time, that small-pox had decreased in its virulence. Eight ships bound to the Australian Colonies, and containing many thousand emigrants, had been abundantly supplied with the prophylactic virus, and with the happiest results; whilst, it was believed, there was scarcely a chemist and druggist in London, who did not partake of the assistance rendered by the institution. A letter from Dr. Labbatt, of Dublin, was read, in which the author condemns the practice of periodical vaccination as utterly futile, and considers that a fruitful source of errors and of failures, is the taking infection from spurious vesicles, &c., at improper periods. The report having been concluded, the usual notice of speech-making, and of thanksgiving to the "useful and disinterested" officers of the institution, was commenced; after which, the meeting proceeded to dine together. There were but fourteen persons present.

HOSPITAL REPORTS.

CLINICAL LECTURE BY M. VELPEAU. DELIVERED AT L'HOPITAL DE LA CHARITE, PARIS.

DISEASES OF THE TESTICLE.

HYPERTROPHY OF THE TESTICLE, caused by chronic inflammation, or by an excess of blood transmitted to the gland, gives rise to a regularly formed indolent tumour, but which may easily be distinguished from hydrocele by the smallness of its size, its weight, and the entire absence of transparency and fluctuation. Tubercular disease of the testicle is known by small and irregular enlargement of the testicle, with but slight general enlargement of the neighbouring parts, and acute pains, such as are not felt in hydrocele; the same may be said of scirrhus affections, in which there is the characteristic lancinating pains; and in all venereal affections, the testicle never exceeds in size a goose's egg. It is likewise painful, sometimes extremely so, the mere contact of the clothing producing pain.

Alteration of the structure of the testicle, from external injury, may more easily be mistaken for chronic hydrocele, from the size it acquires, sometimes slowly, at others with rapidity, without causing pain or visible constitutional derangement. The regularity of its enlargement, the elasticity of its external coat, the sense of fluctuation, all combined, in some cases tend exceedingly to deceive even the most experienced practitioners. If anything resembles more a small hydrocele than another, it is a healthy testicle with a hypertrophied epididymis, and there is nothing more resembling hydrocele, slightly advanced, than a softened and enlarged testicle. The tumour, in this latter case, is sometimes exceedingly indolent; and so perfectly does it impart a sense of fluctuation, the posterior part of the mass resembling exceedingly an enlarged epididymis, that one is very easily misled. I observed such a case in this hospital only a short time back; the tissues composing the tumour were soft, fungoid, and felt as if a fluid were contained within the testicle, although it was still in its primary stage in the epididymis. You will always be able to distinguish this disease from hydrocele by remembering that in it we should feel solid enlargements, situated in different parts, and remark a total absence of transparency. Should, however, the testicle be diseased, pressure made with the fingers will not produce that overwhelming sickening pain which is produced by the least contusion of this organ in its natural state.

HEMATOCELE is a disease frequently and most ordinarily confounded with hydrocele. Numerous observations made by different authors, and the cases reported by them as being hydrocele, are most decidedly nothing but hematocele, the history of which we will proceed to relate. Whenever we find that the matter effused is of a red, brown, black, or chocolate colour, or the colour of the lees of wine, it is proof of its being hematocele. There are likewise examples where the liquid, although perfectly fluid, and of a simple yellowish hue, is only small in quantity, and situated in a very thick, somewhat fibro-cartilaginous tunica vaginalis, and presenting sheets of friable matter disposed in layers. When we find a tumour of the scrotum having the same form, the same size, and regularity, the same in sensibility to pain as hydrocele, but considerably heavier, and the total absence of the transparency, and its consistence fibrous, we may safely affirm that it is hydrocele; but all doubt will soon be set aside by an attentive examination, when the testicle will be found more or less flattened, and fixed to a point in the lining of the cyst; you must not, however, forget that in this complaint, as well as in hydrocele, the testicle, which is commonly situated posteriorly and internally, will be found anteriorly, externally, or inferiorly.

CHRONIC HYDROCELE is a disease which is rarely if ever cured spontaneously; for my own part, I have seen but one example of it, and this was in a child of seven years of age. The tumour was the size of a pullet's egg, and had existed for fifteen months, when it disappeared spontaneously and completely in ten days. There are cases on record where the cyst has been ruptured by external violence, either from a considerable effort, a blow, or a fall. After the rupture of the cyst the fluid becomes effused into the neighbouring tissues, and thus the cure is effected. Bertrandi, Loder, and many others, have recorded several examples of it; and I myself had a case of it in this hospital in 1836. In cases of rupture of the tunica vaginalis the fluid is infiltrated along the cord to the side of the inguinal canal, or between the different layers of the scrotum, extending occasionally as far as the abdomen; the tumour is destroyed and is replaced by an œdema of the scrotum and neighbouring parts. This œdema, occasionally of considerable extent, frightening the patient most awfully, even sometimes the medical men themselves—especially, if in conjunction with the infiltration, there should be ecchymosis of the skin—the ecchymosis might lead one to fear, if unacquainted with this occurrence in hydrocele, the supervention of gangrene. These symptoms are speedily relieved by the application of a suspensory bandage and a slightly stimulating lotion. If the patient is of a good constitution, and not very old, absorption takes place rapidly, and we have a speedy return to the normal condition. This condition, however, is rarely permanent, and the disease returns at the end of a short time with all its ordinary symptoms. A patient of M. Serres was accustomed to relieve himself by rupturing the sac as often as it became inconveniently large. The complaint, however, always returned at the expiration of a short time.

CHRONIC HYDROCELE may be treated in two ways, either for a radical cure, or merely as a palliative. The palliative treatment consists in puncturing the tunica vaginalis, whenever the distension produced by the contained liquid becomes inconvenient. This liquid, however, speedily reaccumulates, and with it returns all the inconveniences; and it is necessary to repeat the punctures every four, five, or six months. Sometimes, though rarely, the disease is entirely cured; at others, a simple puncture will cause inflammation and suppuration of the tunica vaginalis, an abcess will form in its cavity, producing dangerous and serious symptoms, and the necessity of making several free incisions into the tumour. I have seen many cases of this description; in one case, the fever became exceedingly violent, the inflammation extended even as far as the iliac region, and we were compelled to make five longitudinal incisions in different parts of the swelling. The discharge of matter could not be produced for some days.

The radical cure of chronic hydrocele cannot be accomplished by medicines taken internally, or by topical applications. The operation for promoting it is so simple, so easy, that though the cure might possibly be effected by means of long-continued external applications, it still is more preferable to operate. The operations for hydrocele are three, viz., incision, excision, and injection. Formerly various other plans were adopted, such as scarifying the membrane, the application of caustics, or even the actual cautery. But if by these means we should produce a cure, it is certain that instead of producing adhesion of the surfaces, suppuration is produced, and the success of this practice is not sufficient to allow of its being balanced with the means I have just related to you.

ADVERTISEMENTS.

Lately published, price 5s., cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Opthalmic Surgery. The appended Vocabulary, denoting the origin of the names for the various diseases of the eye, is of great utility to the student."—*European.*

"Mr. Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and explanatory additions which he has incorporated with the original text. Not only to the medical world, but to the public generally, we confidently recommend this Manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. * * A perusal of this work betimes would more avail than all the spectacles and lenses in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well-arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to hold a high rank in the standard medical library."—*Leamington Spa Courier.*

J. CHURCHILL, Prince's-street, Soho.

MR. WARDROP ON THE EYE.

THE MORBID ANATOMY of the HUMAN EYE. By JAMES WARDROP, Esq. Second Edition, illustrated with Eighteen Coloured Plates. 2 vols. royal 8vo., price 30s.

The price has been considerably reduced from the former Edition, but the same regard has been paid to the fidelity and beauty of the colouring of the Plates.

"The republication of a work which no subsequent production in ophthalmology has equalled, and which the whole existing range of works cannot supplant."—*Lancet.*

London: John Churchill, Princes-street, Soho.

Just published, Second Edition, 8vo. cloth, 10s. 6d.

ON the NATURE and TREATMENT of the DISEASES, DISTORTIONS, and INJURIES of the SPINE. By R. A. STAFFORD, Surgeon to the Middlesex Hospital, &c.

"We esteem the work of Mr. Stafford to be one of considerable merit."—*Edin. Med. and Surg. Journal.* "An excellent book, and upon a very important subject."—*Med. Gaz.*

London: John Churchill, Princes-street, Soho; and Sherwood, Gilbert, and Piper, Paternoster-row.

In 8vo., price 10s. 6d., coloured plates,

ON the ANATOMY and DISEASES of the URINARY and SEXUAL ORGANS; being the Substance of the Lectures delivered in the Theatre of the Royal College of Surgeons, and in the Westminster Hospital. By G. J. GUTHRIE, F.R.S.

By the same Author, 8vo., 2s.,

MISCELLANEOUS LECTURES on COMPOUND FRACTURES, Gun-shot Wounds, the Diseases of the Peninsula, &c.

London: J. Churchill, Princes-street, Soho.

A MEDICAL PRACTICE in LONDON is offered for £350; situation in a very good one, with certainty of increase. There is a respectable Residence in which a Partner might let a part and live Rent free.—Address A. B., or apply at Mr. Browne's, Stationer, Blackmore Street, Clare Market.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr. Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other Medical Boards), and to receive certificates of the same, without extra fees.

House Pupils received, who have extra instruction. Apply to Mr. Dermott, 15, Charlotte Street, Bloomsbury.

Mr. D.'s series of Anatomico-chirurgical Plates to be obtained by application to him.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill: flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90a, Holborn-hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

HODGSON'S POTTED WELCH SALMON.—This most delicate and delightful Preparation, far surpassing any article of the kind ever yet introduced to the public for BREAKFAST, LUNCHEON, TOAST, &c., is now with confidence recommended to EPICURES, TRAVELLERS, and INVALIDS, as a great acquisition to the Breakfast, Luncheon, or Supper Table. Sold in Pots at 1s. 6d. and 2s. 6d., wholesale and retail, at J. HODGSON'S BRITISH WINE WAREHOUSE, 27, Union-street East, Bishopsgate-street; and sold by all respectable Oilmen, Grocers, Druggists, and Fishmongers in town or country.

Superior Bridish Wines, 16s. per dozen, warranted four years old.

BRETT'S SAMPLE HAMPERS, 21s. each.—The WINE HAMPERS, this year, contain Eight Bottles of Choice Foreign Wines, viz.: two of Port, two of Sherry, two of Marsala, two of Cape Madeira, with general Lists of Prices.

The SPIRIT HAMPERS contain two bottles of Cream Gin, two of old Jamaica Rum, and two of Brett's Improved Cognac, with two Pint Bottles of the Liqueur Ginger Brandy, as recommended by the Faculty.

Specimens of either kind of BRANDY, in sealed pint or quart bottles, 2s. and 3s. 6d. each; or any number of gallons will be forwarded at 18s. per gallon.

Country remittances may be effected by means of Post-office money orders, at the cost of sixpence and a single letter.

HENRY BRETT & Co., Old Furnivals' Inn, Holborn.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon scientific Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES, from 3s. 6d. to £6 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2 5 0
Ditto, Rosewood, inlaid with Pearl	4 4 0
Portable Pedimental Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	6 6 0
Most Improved Mountain Barometer	5 10 0
Ditto, Marine, from 3l. 10s. to	6 6 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 17. Vol. 1. LONDON, SATURDAY, JANUARY 18, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SAMUEL ASHWELL, M.D., PROFESSOR OF MIDWIFERY AT GUY'S HOSPITAL.

THIS gentleman deserves notice, not from any superiority of talent or extent of acquirements, but from the important office he fills at Guy's Hospital, as successor to a celebrated author and lecturer, Dr. Blundell. "High stations," says D'Alembert, "are like the top of a pyramid—accessible only to an eagle, or to a creeping thing." After taking a review of Dr. Ashwell's life, little doubt will remain as to the course he pursued. He was the son of a respectable but unfortunate ironmonger at Nottingham; and, after receiving a minimum education, he completed the moderate curriculum of study required at that time, and commenced practice in the city as an apothecary. For some time after he commenced there was something so "rotten in the state of Denmark," that had the five loaves and two fishes of miraculous celebrity been at any time set before the incipient Doctor, we feel persuaded there would have been no recorded notice of the remaining fragments. Some have thought, from the proceedings of Mr. Ashwell at this time, that he was the "real true and original" Bob Sawyer, late Nockemoff, and Mr. Benjamin Allen. Having "had a call," and become Mawworm secundus, with considerable diminution of the "res augusta domi," our Sawbones substituted a Bible for the Dispensatory on his desk, attended his friend's preaching in Maze Pond regularly, and rubbed the knees of his trousers with pumice stone till they were threadbare. He became such an adept in the practices of the faithful, held forth so eloquently on regeneration and sanctification, grace without works, and the license of the saints, that a seraphic young lady, the only daughter of a city tailor, not only assured him of eternal felicity in "kingdom come," but secured his prosperity here by bestowing her heart, hand, and fortune on the "pious Æneas." Fortunes, like misfortunes, seldom come alone; so, about this time, Mr. Ashwell fell in with Dr. Blundell, who first requested his assistance in the Museum, and afterwards to attend for him when any member of the midwifery class were at fault. This went on for some time, when Dr. Blundell considering him a young man of fair character, agreed upon terms to introduce him into the profession as his (Dr. B.'s) successor, to pursue an honourable path to eminence. Everything was arranged for signature over night, when a sort of passport having been obtained to all Dr. B.'s friends, Mr. A. suddenly broke off the treaty, being afraid, when it came to the point, that he might not prove equal to his undertaking. From year to year the matter was suffered to rest, Mr. A., however, making every use of the incompleted engagement to strengthen his position in the profession, and among Dr. Blundell's connexions. He hovered about the school, and by a series of intrigues, which we shall expose when sketching a likeness of Mr. Benjamin Harrison, succeeded, at first by petty annoyances, and afterwards by consummate impudence, in so molesting, Dr. Blundell that he retired in disgust.

It now only remains for us to say a few words on Dr. Ashwell in his capacity of author and lecturer. He wrote a work on parturition in a very rambling style, containing nothing new, and so filled with long quotations, that a celebrated Edinburgh critic described it as "a bad method of saving time in condensation, and of thought in forming a judgment."

We beg to suggest a capital motto for his book—"Castrant alios ut libros suos, per se graciles, alieno adipe suffarciant." "They castrate the books of other men, in order that with the fat of other's works they may lard their own lean volumes." As a lecturer, to use Dr. Blundell's words, he is "neither strikingly deficient nor brilliantly capable,"—certainly below mediocrity.

MEDICAL NEWS FROM GERMANY.—The cradle of homœopathy seems likely to prove its grave—a formidable rival to Hahnemann has sprung up in Vienna, the German Capua—the centre of Teutonic policy, literature, luxury, and fashion. The following is an extract of a letter from a gentleman, (not medical,) residing at Vienna. "This part of Germany is all on fire, about water, or what they call 'the water cure.' Poor homœopathy is beginning to hide its diminished head;—the 'water-curer' has, indeed, this great advantage over Hahnemann, that he can neither read nor write—is a peasant, and speaks very bad German—a doubt, however, as to his being the greatest of all doctors, living or dead, would be scouted as an unfashionable heresy. So far as I can collect from the accounts of some of the fine ladies of Vienna, they have been cured of four or five incurable diseases, 'the least, a death to nature,' by being swilled with, and drenched in, *cold* water, within an inch of their lives—dressed in sackcloth shifts—their hair cut close—no stays,—fed on grease, garlick, pulse, and onions—lodged, four or five together, in filthy peasant's huts, at a little mountain village in Styria, called Greyfenburgh, and walked up to the top of a hill before daylight to stand under a waterfall, a great deal colder than ice, until they scream with pain;—they return to Vienna, *toute rayonnante*, with youth, health, and beauty."

DETERMINING CAUSES OF INGUINAL HERNIA.—In 310 cases of Inguinal Hernia, M. Malgagne found 57 to have originated spontaneously—65 cases were ascribed to the effort of lifting heavy weights from the ground, 38 to carrying burdens, 36 to the exertions of the hands or feet requisite in certain occupations, 21 to cough from asthma, &c., 17 to falling from a height, &c., 9 to blows on the abdomen. Also in two instances the disease in question was caused by vomitting, and one was owing to stricture of the urethra. Out of 316 cases, 133 were single and 186 double, giving a preponderance in favour of the latter, which is not usually supposed to exist.—*Gazette des Hopitaux.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

UNION BY THE SECOND INTENTION—LACERATED, CONTUSED, PUNCTURED, AND GUNSHOT WOUNDS—QUESTION OF AMPUTATION.

THE surface of a wound, if it have not been brought together, or if there have been loss of substance, so that the edges cannot be approximated, assumes a whitish, or yellow appearance, and has more or less of a dry aspect. Within a short time the surface begins to suppurate; discharge takes place from the wound; granulations are formed upon the surface; then the part cicatrizes. This is termed *union by the second intention.*

In LACERATED wounds the soft parts of the body are divided by tearing them forcibly asunder, instead of by cutting; and the surface of the wound very commonly is still further injured by being bruised. The inflammation excited corresponds to the degree of injury that has been inflicted. Thus when any part of the body is lacerated and bruised, a much higher degree of inflammation is produced in the wounded part than that which results in consequence of a simple incision. The inflammation, under such circumstances, goes beyond the point which is necessary for adhesion or union by the first intention. Such wounds do not unite by adhesion; the inflammation is too considerable. The cure of these injuries takes place by granulation and cicatrization, or by the second intention. In fact, the degree of action excited in the part that has suffered this kind of injury is often so considerable that it sloughs or perishes. It is to no purpose to bring together very accurately the sides of a wound of this description, because they will not unite if you do. It is well, however, just slightly and gently to approximate them; then to cover the wounded part with a damp cloth, or soft poultice, and afterwards to wait the formation of granulations and cicatrization. If the wound be of considerable extent, the local inflammation, and consequent febrile disturbance of the system, may very likely require active antiphlogistic treatment. A man was brought into this hospital, and came under my care. He had been driving a coal-waggon, and got drunk, in which state he fell, with one leg just in front of the wheel. The wheel caught the leg and tendons of the thigh; it did not go over the limb, but shoved it on before, along the ground. He was brought to this hospital with a wound about five inches in length at the lower part of the thigh, above the patella, and about three inches in breadth, detaching the integuments, the cellular membrane, and nearly the whole of the extensor muscles of the knee-joint. In consequence of the limb being grated along the ground by the waggon, the surface of the wound had the dark colour of mud; the lower part had a gravelly appearance. It appeared as though the knee-joint was laid open; and on examination it proved that the capsular membrane was exposed, but not divided. Now in this case the limb was placed in a straight position, and splints were applied along the sides. It was cleansed from the mud and gravel that covered the surface, and a soft poultice was applied to it. In the course of the evening, the patient's pulse having risen, twenty-four ounces of blood were taken from the arm, and he was freely purged. Next day he was bled to the extent of sixteen ounces, and the purgative medicines repeated, and he was put upon low diet. On the following day sixteen ounces of blood were taken; and this treatment prevented the occurrence of local inflammation or general fever; and, in fact, no further action took place in the part than was just sufficient to accomplish the purpose of healing it. The surface

of the wound cleaned, and a superficial slough took place: it then granulated, and healed favourably. The curative process occupied about two months. Thus this very serious injury was healed without any great local suffering to the patient, and without considerable fever or disorder of the system.

In the injury which we call *bruise* or *contusion*, considerable force is applied to the soft parts of the body. The cohesion of the parts is lessened; the structure is considerably affected without its being actually divided; and frequently, in conjunction with this effect, there is an effusion of blood into the interstices of the part;—this, however, is not absolutely necessary. Such is the kind of wound which constitutes bruise or contusion. The effect of this injury is to interfere materially with the function which the part should execute. Thus when the muscles are bruised, the motions which they have to perform either cannot be executed at all, or are executed very imperfectly, and with pain. If a bruise take place in a joint, considerable pain and stiffness of the part is produced. Here the limb must be kept quiet. If there be considerable pain produced, blood must be taken from the part by the application of leeches, and the usual means which are calculated to prevent the occurrence of inflammation must be employed. The treatment must be of an antiphlogistic character, proportioned to the severity of the symptoms that are present. When muscles are bruised, it is of particular importance that the injured parts should be kept at rest, that is, that the muscles should not be exerted for a considerable length of time, in order that they may recover their power. The effusion of blood in consequence of a bruise is technically called *ecchymosis*. The blood which is thus effused is removed by the absorbents; and perhaps there are no applications which we can make use of that will very much accelerate the natural process of absorption. Some substances, however, of the materia medica have been considered to possess the power of accelerating the process. They have been called discutients. But it happens not uncommonly that the effusion of blood in that way excites inflammation in the part in which it is effused; and, in fact, the symptoms in the part will be very like those attendant on the formation of an abscess. You make an opening, and you find, that instead of letting out a quantity of matter, you merely evacuate a large coagulum of blood. This kind of process takes place where there is a large quantity of loose cellular membrane in the textures of a part, such as in the scrotum of the male and the labia pudendæ of the female. In the latter case considerable swelling takes place from the bursting of a vessel, and there is an effusion of blood, in one mass or collection. When this happens; when pain and heat come on in the part, and there are induration and inflammation consequent on such, you must make an opening in the integuments, evacuate the effused blood, and apply cold afterwards. The cavity will contract, and the case will generally do very well.

PUNCTURED WOUNDS

Are those which are inflicted by sharp instruments that are pointed and narrow in shape, so as to enter the part readily, and penetrate easily to a considerable depth; in fact, the depth of such wounds is uncertain. You cannot well tell how far a sharp instrument may pass into the substance of the limb or body. The danger of such wounds is by no means according to their external appearance. You may have a small division of the integuments, and yet the pointed instrument by which it has been effected may have gone very deep into the limb, and injured parts of considerable consequence. As these wounds do not in the first instance put on a formidable appearance, patients are apt to continue the use of the limb; they go on with their ordinary exercise, and bring on inflammation in the parts that have been wounded. When inflammation occurs in consequence of a wound of this kind, it affects the deep-seated textures. Hence the limb generally swells, and becomes hard, the inflamed parts being bound down and confined by the fascia that covers them. The appearance that the limb then exhibits is often ascribed to inflammation or injury of the fascia. When there is a considerable swelling and hardness, the fascia is said to be affected—the case is held to be inflammation of the fascia. Inflammation of the fascia is a very rare occurrence; and the appearance of inflammation, when it comes on in punctured wounds, is not to be ascribed to that texture, for it is seated in the deeper parts of the limb, and these are bound down by the fascia. It is necessary, therefore, in the treatment of wounds of this kind, to adopt those precautions in the first instance that are calculated to prevent the occurrence of inflammation. Although you do not know the actual extent of the wound, you can treat the case as if it were likely that considerable inflammation might occur, and you then prevent those unpleasant consequences that are apt to follow from punctured wounds.

GUN-SHOT WOUNDS

Have very commonly been considered as altogether different from wounds of other kinds, and as being very peculiar in their nature. The injury which is inflicted by wounds of this kind is very considerable; the inflammation which they produce in the part is very violent; and their consequences altogether become very serious. But the only peculiarity in them arises from the nature of the substance by which the wounds are inflicted, and the degree of force with which this is applied to the textures of the human body. The bodies by which these wounds are inflicted, are balls, bullets, fragments of shells, splinters of stone and wood, and various hard substances of that kind. These are driven with great force against the body, and they produce lacerated and contused wounds of the most serious kind. The degree of violence with which these wounds are inflicted, varies in different instances. If a gun-shot projectile meet the body in full force, and in a straight direction—if it be small, it traverses the part, or if it be large, it carries it away. If a smaller substance meet the body directly, with a less degree of force, it will tear and lacerate the part, or break and splinter the bones. It will produce injuries of these different kinds according to the degree of force with which it is impelled. Sometimes bullets or balls strike the body obliquely, and then generally they do not enter the part, but glance off. Under such circumstances, the soft textures that intervene between the skin and the bone may be torn and bruised, effusion of blood may take place, and the bone itself may be broken without the skin being injured. It often happens in battle that persons are found dead in the field in whom there is no appearance of wound to account for the occurrence; but if the bodies were accurately examined, some injury, such as that I have now mentioned, would be found to have taken place. The death of these persons has been ascribed to the "wind" of the ball. It has been supposed that the ball has not actually struck the body, but in consequence of passing near it, some kind of influence has been produced. Thus, the occurrence of death has been vaguely ascribed to the wind of a cannon-ball. This opinion rests on no foundation whatever. We have no reason to suppose that the mere passage of a cannon-ball in full force, however near it may go to the body, is capable of doing injury. In fact, if a person have his thigh shot off by a cannon-ball, and in consequence of which it is obvious the ball must necessarily have gone near the other thigh, yet that is not injured by it. There can be no doubt that death arises from these projectiles striking the body obliquely, and then flying off. We see in cases of accident, that internal parts may be bruised and bones broken, though the skin is not injured. The mere absence of injury of the skin is no proof that considerable violence has not been offered to the parts within. With respect to the symptoms of gun-shot wounds, sometimes the immediate occurrence of the accident is not denoted by any sign; that is, the patient is not conscious that a wound has been received, more particularly if the mind should be actively engaged at the time that the accident occurs, as in the instance of a person in battle, when the leg and thigh may be shot off, and he not be aware of it till he finds it out by accident. Very often serious injury of another kind takes place without the limb being shot off, and the patient finds the blood running from some part, by which he first becomes aware of his being wounded. In other instances, severe pain is produced by the infliction of a gun-shot wound. Sometimes serious and even fatal haemorrhage is produced at the moment by these injuries; and you will easily understand that large vessels may be injured by wounds of this kind, and you will not be surprised that a copious effusion of blood should take place, and that a person may perish from bleeding. But in the majority of instances, gun-shot wounds do not bleed at all, or they bleed in a slight degree; and when a limb is carried away by a cannon-ball—a thigh, for instance—no considerable hæmorrhage takes place. When an artery is divided by actually tearing the coats of the vessel, it does not give way all at once, or in an equal degree; the internal coat does not allow of so much stretching as the external or cellular coat;—if the external coat be drawn out, it contracts again, and becomes a kind of ligature round the divided internal and middle coats. Thus, if you take an artery out of a limb after a wound of this kind, you find the orifice of the vessel is covered up by a sort of dense superstratum, consisting of the contracted cellular coat of the artery; and in this way it happens, that when large arteries are torn, being first extended, and then divided, they do not bleed, although if a projectile goes through them, without dividing them, haemorrhage does very frequently take place. The occurrence of a severe gun-shot wound produces a peculiar effect both on the nervous and circulating systems. It will cause fainting, tremulous agitation, alarm, and feelings of anxiety in some individuals, that will disturb the action of the heart, lowering it very much, and producing a feeble and irregular pulse, paleness, coldness, shivering, or actual syncope. In this way it affects both the nervous and circulating systems, and the patient will seem on the point of dying. This condition will sometimes prevail for hours after the infliction of the wound, although in other instances, as I have already mentioned, the patients are hardly aware that a wound has taken place. These symptoms arise from a violent impression on the nervous and circulating systems, and may go off in two, three, or four hours after the wound has been received.

TREATMENT OF GUN-SHOT WOUNDS.

We must observe that they are often very complicated, from the presence of foreign bodies; that is, the ball, which has produced the wound, may not have passed through the body; it may have entered and remained in the part, and portions of the dress of the individual may be carried in by the bullet at the time it strikes him. It is desirable to remove such foreign substances in the first instance, when it can be accomplished easily, as when the ball or any fragments of the dress are near the external opening of the wound; or if they can be removed by making a small incision, this should be done. If a bullet, for instance having gone through a limb, is just under the skin on the opposite side, and you can remove it by making an incision in the skin, you ought to take it out. If there is a large mass of clothing so situated that by an inconsiderable incision you can get it out of the wound, it is desirable to do so; for these substances will become the source of irritation in after stages of the wound. When, however, you cannot get rid of these foreign bodies without a tedious search for them, and without extensive incisions, you had better leave them alone. It often happens that bullets are introduced deep into the body, and not being found at the time the wound has been inflicted, they remain in the situation which they have reached in the first instance, and continue quiet for many years, without exciting irritation in the part. It frequently happens that bullets, after they enter the body, have their direction changed;—they do not go straight through from one surface to another—they do not penetrate in a straight course, but may be turned aside from their original direction, either by striking against a bone or even a muscle, and have the direction altered so much, that examining the external wound made by the ball on first entering the body, affords no means of tracing out the part at which it has ultimately arrived. In many cases you cannot find where the ball is situated, so that you have not the means of

removing it from the body. For the reasons that I have already given, it is not worth while to make a tedious search for it, but under such circumstances it is better to leave it alone—as it often happens that no very serious effect is produced by its presence. For the first few days after the infliction of such a wound, you cannot do better than keep it covered with a cold wet cloth; that is the most likely mode to prevent the occurrence of inflammation. If the cold should be uncomfortable to the feelings of the patient, you may apply a poultice to the part. You should adopt, in respect to the position of the limb, that in which it is most quiet and comfortable; while with regard to the state of the patient generally, his diet, and all other circumstances, those means which are most likely to prevent the occurrence of inflammation are to be put in force—for inflammation is the great source of danger in cases of this kind. Under certain circumstances, it may be necessary for you to adopt very active antiphlogistic measures; that is, where a part of great importance is the seat of injury, and where that injury is very considerable. Such are the means that you should use in gunshot wounds;—now there are certain proceedings which it will be expedient for you *not* to adopt. In the first place you are by no means to regard it as a general rule, that you should apply bandages in wounds of this description: you should not apply bandages after a gun-shot wound unless there be some particular purpose to be answered by it. You may expect considerable inflammation and swelling of the part, and these circumstances render the application of bandages very objectionable. After a few days the surface of the wound will begin to discharge, and it generally sloughs. There is so much bruising in the case of gun-shot wounds, that the surface generally presents us with a slough more or less thick, and it easily separates from the whole track of the wound, and is discharged. This process takes place four or five days after the occurrence of the wound. Now this is a period of danger, in consequence of the occurrence in many instances of secondary hæmorrhage. As the track of a bullet sloughs, if it go near a vessel of consequence, such vessel may be included in the sloughing process; and when a number of vessels give way, you will expect free bleeding to take place. Thus it has been found that in instances where no hæmorrhage of consequence has occurred immediately after a wound, serious hæmorrhage has occasionally taken place at the time mentioned. This is a period at which the patient must be attentively watched; and in any case in which the track of the wound goes near vessels of consequence, everything must be prepared in case hæmorrhage should take place, and you must instruct the attendants to pay attention to this point.—The healing of the wound is accomplished by the processes of granulation and cicatrization. If a bone be injured, it will often happen that the wound, instead of uniting, will remain fistulous, and portions of the bone will come away for a long time. The patient may suffer for a considerable period in this way, without being in any kind of danger.

QUESTION OF AMPUTATION.

In cases of serious gun-shot wounds of the extremities, it often becomes a question whether it would be better to attempt to save the limb, or to perform the operation of amputation. In certain cases of this kind the injury is so extensive, and so violent in degree, that you have no hesitation in deciding the point. Traumatic gangrene would occur, or so violent a degree of local inflammation, and fever consequent upon it, as inevitably to destroy the life of the patient. But the case may be rather more doubtful—it is possible that the limb may be saved, yet there is much risk that by making the attempt the patient may lose his life; or, after serious inflammation, suppuration and a large formation of matter, he may recover at the end of several weeks, months, or even years, with a limb so much impaired in motion, that it is doubtful whether a wooden leg would not be more useful to him. The question then occurs, what are the kind of cases of gun-shot wounds of limbs that require their amputation? What is the time at which the operations may be most advantageously performed? The cases requiring amputation are when an important joint is traversed by a bullet. A gun-shot wound of this kind of the knee is always a case for amputation; and army surgeons consider, in most instances, a similar kind of injury of the elbow, or of the ancle, as also requiring amputation—at all events of the ancle. With respect to the elbow, the power of restoration is more considerable, and a stiff joint there is not of so much consequence. However, in most cases of accidents of this kind involving the elbow or ancle, it is considered by those who have had much experience in this way, to be proper to amputate. A very considerable laceration of the soft parts of a limb, with splintered and extensive fractures of the bone, and a compound fracture of the thigh by a gun-shot, is always fit for amputation. If the soft parts be very extensively lacerated and torn, and the bone be considerably injured and splintered, it is also a proper case for amputation. It will often happen with cases of this kind, that the splinter of the bone will be found above where the projectile strikes the limb. When a large mass of the soft parts of the limb is shot away, more particularly if the main artery be injured; and when a limb is carried away entirely by a cannon-ball, amputation must take place. It may seem in the latter instance that the accident has performed the amputation; the amputation, however, is not done scientifically enough for our purpose, but renders it necessary to cut off the limb higher up. These are the principal cases of gun-shot wounds of the extremities in which the removal of the limb becomes necessary.—Then with respect to the *time of performing* the operation. You have the choice between immediate or rather early amputation—that is, the removal of the limb within ten, or say twenty-four hours at the outside from the occurrence of the accident—when inflammation has not arisen in the part, and when febrile disturbance of the system has not taken place;—or after the local inflammation and general febrile disturbance shall have subsided—that is, a considerably remote period of time from the occurrence of the accident. Now the result of experience is quite decisive, and it proves clearly that *early* amputation is the best; and in my opinion, the result of experience in this respect corresponds with the dictates of reason. After the battles of Toulouse, New Orleans, and some others that occurred towards the termination of the last campaign, a comparison was carefully made, and the results of all the amputations that were performed immediately on the field of battle, or within a short time of the occurrence, were ascertained; and also the results of all amputations that were performed at a remote period. It was found that the number of deaths in the latter case was nearly double the former—from the delayed there were nearly twice as many died as from the early amputations, so that the result was very much in favour of early amputation. In the treatment of gun-shot wounds of the chest or abdomen the principles must be very much the same as those which will guide your conduct in managing wounds of every kind occurring in those situations; and, in fact, the practical rules are simply those which are necessary to avert inflammation. You find it necessary, in instances of this kind, to employ the most active antiphlogistic means, and under the employment of such means, recovery will take place in wounds that appear of the most desperate kind.

Sir B. Brodie did not deliver his usual clinical lecture on Tuesday, but we hear he is to continue them as heretofore for two years in the character of consulting surgeon to the hospital.

The Council of the College of Surgeons have publicly announced the appearance of the Second Part of the Alphabetical Catalogue of the Library, comprising the titles of the books added to it since 1831, together with a synopsis of the arrangement followed in the classed Catalogue.

Sir M. Teirney has given 50*l.* towards the building fund of the Sussex County Hospital.

ON A NEW AND NATURAL METHOD OF REMOVING CALCULI FROM THE BLADDER.

BY JOHN HANCOCK, M.D.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—In this science a new era has arisen, in despite of the churlish opposition of interested persons, who would fain subsist by the miseries of their fellow-creatures—in despite of the *lithoto-mania*, or delight in the use of gorgets and cutting instruments. For the great improvements which have of late contributed to render this art so successful, we are mainly indebted to the persevering industry of Civiale, Heurteloup, and others in France, and Costello in this country. These gentlemen have established a practice, affording incalculable relief from one of the most distressing disorders incident to humanity, and one which heretofore could be effected only by a painful and perilous operation.

Notwithstanding the great advantage of lithotrity, however, over that of cutting for the stone, owing to the narrowness and sensibility of the part, it is liable to cause great distress, on the introduction of instruments of sufficient size and strength to break the stone. In very many cases the *lithic diathesis* is such, that these concretions are continually generating; and although removed by an operation, the patient will soon after be again equally afflicted.

These circumstances point out the necessity of searching for still further means of relief. Hence I trust that the following proposal will be viewed with indulgence by the profession.

The method now proposed, is to furnish a defensive sheath to the irritable coats of the urethra, so as to admit of its distension by instruments gradually increased in size; by which means the greater number of cases of calculi may be relieved without any further operation; whilst others, in which the stone is large, will admit of the easy application of the instruments of lithotrity.

The method in question consists in introducing a portion of the intestine of some animal upon a curved tube or catheter, which is open at the extremity, but fitted with a flexible metallic stilet, having a rounded head, which serves both to direct the instrument and keep the sheath in place till it enters the bladder. Attached to the stilet is also a piece of gut-skin, which falls over the end of the instrument. The stilet is then withdrawn (which releases the sheath), and afterwards the catheter, and one of larger size is introduced. The sheath, remaining in the urethra, is so exceedingly smooth and slippery, that it gives facility to the use of large instruments—guarding the tender coats of the urethra against all irritation, and allowing it thus to be dilated by the successive introduction of instruments of larger dimension, through which numerous calculi will be discharged. This may be varied as circumstances require:—at times used in form of a *cæcum*, or closed at the inner extremity, so as to be filled with water to facilitate the entrance of instruments, especially in cases of malformation or distortion of the part.

The instrument here described is also the best form of a catheter for general purposes, and will often be found to let off unsuspected gravel or small concretions which could not pass through the small perforations of the common one; whilst, in those cases in which a stone is too large to be passed whole, it is plain that it will afford the greatest facility for the operation of *lithotrity*.

Very few persons appear to be aware of the great *dilatability* of the urethra. By continuing the process for a few weeks, it may, with very slight inconvenience, be brought to the calibre of an inch or more; and when we con-

sider how comparatively small a number of calculi exceed this diameter, we shall form some idea what vast numbers might be effectually removed by this means alone.

We all know that in an aneurism the continued pressure of the blood will insensibly dilate the slender channel (like that of the urethra) to a very great size; even, at times, to equal the head of an infant at birth, as shown by various authors, and especially by Corvisart, and by Morgagni, in that imperishable work, *De Sedibus et Causis Morborum* Yet the arteries are very dense and elastic compared with the urethra, which is soft and yielding in its structure.

In women, the urethra is short and of straight course; a circumstance which has often suggested the idea of dilating it for the passage of the stone. Thus, Motherby observes, "stones have been extracted through the dilated urethra in females which weighed more than five ounces. The urethra may be gradually dilated to an incredible size; but, as the passage is, in some degree, generally lacerated by the passage of the stone, many prefer making an incision."

Females are rarely troubled with the stone; for, the urethra, being of larger calibre, admits the exit of nascent calculi with the urine. The instrument now proposed, however, will afford advantages alike to the male and female sex; and tend, unquestionably, to place the art of lithotrity totally beyond the defamation of its opponents, and of those who will tolerate nothing but the use of the knife and murderous gorgets. The calculi or gravel, in a great proportion of cases, become distressing, more from their number than their size; and hence an argument is afforded which exhibits the value of the present method in a more striking light. In fine, a gradual distension of the urethra being effected, with *no pain or inconvenience*, the gravel passes off with the urine, and all possibility of accident is averted.

The efficacy, ease, and safety of this *more natural* mode of operating, will be evident to all those who are aware of the distressing results of the common practice;—who are aware how often it happens that the urethra is lacerated, and even forcibly pushed through with catheters, sounds, and bougies; and how much time is needlessly wasted in the application of chemical solvents.

I had long since, in Guiana, employed a method on somewhat similar principles, for dilating deep-seated fistulas and carious ulcers, and for evacuating the water in ascites, when small hydatids stood in the way; but I never thought of applying it to the present purpose until lately reflecting on a case stated in the 'Edinburgh Medical and Surgical Journal,' 1828, of a Scotch clergyman, who adopted an analogous plan for relieving himself from small calculi. The following is the case:—"Having laboured for many years under enlarged and indurated prostate, symptoms of stone supervened, as also perpetual retention of urine, which was never passed for years without the catheter, by the eye of which several small calculi were, at different times, brought out. His urethra was of very large calibre, quite callous, and bearing any freedom. He cut off the vesical extremity of the catheter, had it plugged up very neatly with a ball of silver, attached to a silver wire, to enable it to pass smoothly into the bladder. When introduced, the ball was withdrawn, his forefinger applied to the outer orifice of the tube, and, after discovering the quarry of stones, he removed his finger, when the sudden gush of urine in a large stream often brought one or two calculi along with it."

When a person has calculi in the bladder, he has a micturation, dribbling or stoppage of the urine; and if he find the urine flow more freely when he lies on one side, it is a very certain proof of the presence of gravel in the bladder, and much more to be relied on than all the negative evidence to the contrary derived from *sounding*. For, how is it to be expected that small granulous concretions could be thus detected, which may be involved, too, in mucus or in the folds of the bladder? Such positive assertions of the non-existence of calculi must ever arise from ignorance.

Mr. Civiale has been pronounced by a Medical Society of London, and afterwards by the French Institute, as the "inventor of lithotrity." He has done better still in having reduced to practice an idea, which we may say has prevailed, or presented itself to the minds of many, and that even without reading. But a similar instrument to his is mentioned by Justamond, a well-known author and eminent surgeon of his time; and that the art had been anciently practised, we have further evidence from the ruins of Pompeii, where a very perfect set of instruments has been dug up, and are now deposited in the British Museum.

It is well known to anatomists that there are several follicles and lacunæ, or openings from secreting surfaces, in the urethra. The orifices of all these lacunæ are, as Mr. Guthrie observes, "turned forwards, and may catch the point of a small bougie:" this often happens at the "lacune magna," &c. Again, if the point (of the catheter) advance, it will, by quitting the pubes, get into the bladder, only *by passing through the substance of the prostate*, which sometimes happens, and does less mischief than might be supposed, as it is frequently only discovered after death."

SPIRIT OF THE PRESS.

ON THE DIAGNOSIS AND TREATMENT OF STOMACH DISORDERS.

THE object of the subsequent remarks is to point out the variety of stomach ailments and diseases—very different from each other in their nature, and each requiring very different modes of treatment—which have of late years, and more especially among my countrymen, been most erroneously blended together and arranged under the term *gastrite chronique*. "Every one," says Professor Debreyne, "knows that the great multitude, or rather the apparent frequency of chronic gastritis arises, on the one hand, from the extravagant extension of the principles of the self-called *physiological medicine*, and on the other hand, from the prepossession in the minds of many practitioners in favour of the system of universal irritation, and therefore in favour of antiphlogistic remedies in treating them. All pains and disorders are attributed by these men to chronic irritation or inflammation of the gastric mucous membrane. Whenever the tongue is somewhat redder than usual, and there is any uneasiness in the epigastric region, loss of appetite, and irregularity of bowels, recourse is had at once to leeches, gummy drinks, and a starving regimen. A disciple of the *physiological*, or Broussaian, school sets himself to treat a case of chronic gastritis. He recommends—and very properly—the remedies just now mentioned. Next day the symptoms are relieved; but as there is still some tenderness in the epigastrium, the leeches are ordered to be repeated. Again relief is experienced. The epigastric pain however continues from day to day in spite of the vigorous depletory treatment. The patient too becomes gradually weaker and weaker; his pulse quickens, and a slow fever is lighted up in his system; while all the while the appetite is pretty good, or even craving. We need not pursue such a history, as we shall presently point out how such a case should be treated.—A second patient presents himself, labouring under pain of the stomach, which is usually characterized by derangement of the digestion, and uneasiness or even actual pain in the gastric region. —Now this is often considered a case of chronic gastritis; and it is also treated with leeches, low diet, &c. The immediate result of this treatment is an increase of the general weakness. Perhaps, however, the epigastric uneasiness is relieved—a most deceptive sign of real amendment, and one likely to mislead the inexperienced practitioner. Probably the application of the leeches is repeated, under the mistaken idea that there is still some lurking inflammatory irritation.—Now let us take another case, that of a patient afflicted with gastralgia, or gastrodynia. In such cases along with the severe pain in the region of the stomach, there is usually loss or impairment of appetite, and other symptoms of a disordered digestion.—There can be no mistake here. It will be said by the *physiological physician* that a genuine gastritis exists. Numerous leeches are therefore applied, and a most strict *diet* is enjoined. Now almost every pain—whether phlogistic, rheumatic, neuralgic, or even ataxic —is relieved for a time by the application of leeches in the neighbourhood of the affected part. In neuralgic and atonic pains, the relief is however delusive and only temporary; for the next day, or even sooner, they are as severe as ever. If this mode of treatment be therefore continued, the patient's strength is more and more exhausted, and the disease probably aggravated at the same time. Then again consider the symptoms of a patient affected with scirrhus or incipient cancer in the stomach. He suffers from a sense of continual weight, and from a dull and deep-seated pain, especially when the stomach is empty, from most troublesome flatulence, acidity, frequent vomiting of a glairy matter, constipation, &c. The antiphlogistic treatment—under the impression that the case is one of chronic gastritis—is followed by nearly the same effects as, we have pointed out, are apt to follow in atony of the stomach. Lastly, in cases of ordinary *embarras gastrique*—characterized by loss of appetite, a bitter taste in the mouth, a coated tongue, nausea, vomiting of bilious matters, sensibility of the epigastrium, headache, &c.—the physiological physician has often been sadly in error in supposing that the antiphlogistic treatment was at all necessary for the relief. Dr. Debreyne then details with great minuteness the chief diagnostic symptoms of each separate case. In treating of *genuine* chronic gastritis, he dwells particularly on the assistance which may be derived, in discriminating the disease, from watching the effects of different sorts of food upon the severity of the symptoms. "Whenever," says he, "a farinaceous and milk diet is well borne, or at least is better borne, and causes less uneasiness than any form of animal food, even that of simple broth, we have strong reason to suspect the presence of some degree of inflammation. This symptom may be considered as a sort of touchstone, by means of which we may in general distinguish the irritative from the purely nervous and atonic affections of the stomach. True, it is not an infallible indication; but it is certainly one of the greatest value to assist our correct diagnosis. Of this we may be assured, that whenever an animal diet suits a patient better than a vegetable one, the case is not one of gastritis. Now for a word or two respecting the treatment of *genuine* chronic gastritis. As a matter of course, local depletion of blood, spare diet, refrigerants, &c., ought to be used; but, if after a due employment of these means, the pain of the stomach still con-

tinues, we are not to persevere in the same practice indiscriminately. The pain may now be rather of a nervous than of an inflammatory character; and, if there be good reason to suspect this, a mild opiate in a mucilaginous vehicle *will* be far more serviceable than further bleedings. Opium is, however, on the whole, much less efficacious in gastritis than in enteritis or in dysentery. We should not persevere in its use, if the pain does not yield in the course of two or three days. Under such circumstances, let a blister be applied upon the epigastrium. Should the pain resist this as well as the opiates, we may then regard it as of an atonic character. Attention to the effects of food, animal and vegetable, will assist our diagnosis in this respect, as already explained. Small doses of rhubarb or calumba, either alone or conjoined with sedatives, such as hydrocyanic acid, minute doses of morphia, should now be tried. A low feverish state is apt to follow a too-long protracted use of depletory and debilitant remedies.

Atony of the Stomach.—This disease is of not unfrequent occurrence, especially in women affected with leucorrhœa, chlorosis, anæmia, &c. It is unnecessary to particularize its symptoms, as all the phenomena well known under the too-comprehensive term 'dyspepsia' may be present. Even pain, aggravated too on pressure, in the epigastrium, is not uncommon. One important character is, that the distress of the stomach is usually increased by the use of vegetable and farinaceous food, and relieved, more or less, by a generous diet of animal meat, wine, &c. Neither opiates nor antiphlogistics are suited to such a case; tonics alone are the proper remedies. There may indeed be a certain degree of inflammatory or of neuralgic pain blended, so to speak, with the atonic pain, which is the prevailing element in the cases now under consideration; and then indeed it will be necessary to modify our treatment, combining the use of occasional leechings and anodynes with the tonic plan. An animal diet of the lighter and white meats at first, and subsequently of the stronger ones, the use of some mild ferruginous preparation, of quinine, or some other vegetable bitter, such as gentian, calumba, aloes, &c., in the form either of infusion or of wine, constitute the most approved practice. In a variety of gastro-atony—characterized by frequent returns of vomiting—there is no remedy more useful than calumba in the form of powder, five to ten grains taken three or four times a day. If the epigastric uneasines should be troublesome, a mild opiate preparation may be mixed with it. The patient should be advised to take but little of any watery drinks, such as tea, gruel, &c. Seltzer water is a good beverage.

Gastrodynia and Gastralgia.—The first of these terms should be applied to such pains in the stomach are of a rheumatic, and the second to such as are of a purely neuralgic nature. The pain in both is almost always much more severe than in genuine chronic gastritis; and yet it is usually not increased, but is often relieved, by pressure on the epigastrium. Moreover, there is no feeling of heat, nor is there much thirst, and the pulse is not quickened. Generally there is but little derangement of the digestion; and almost all kinds of food may be taken, without any decided effects either as to increasing or mitigating the pain. In genuine gastrodynia we can usually discover that there has been the retrocession or transport of a previous rheumatic affection of some of the joints, &c. Hence a certain degree of phlogistic action may be coexistent with the pain:—not so however with *gastralgia*. As to the treatment, opiates are, on the whole, the most efficacious remedies. In many cases they require to be administered in large doses. Some of the diffusible antispasmodics, such as æther, camphor, the liquor Hoffmanni, &c., are often useful. The sub-nitrate of Bismuth is an admirable preparation in numerous cases. Sometimes, more especially where the disease is of a rheumatic character, the use of blisters, applied either to the epigastrium, or to one of the lower limbs, is necessary. We shall close these remarks with a few words as to the use of opium in painful affections of all sorts of the digestive canal. There is no remedy so generally beneficial, nay, even necessary, as opium in such affections; as, for example, in cramps, colicky pains, dysentery, as well as in gastralgia. In some cases, it must be associated with bloodletting; in others, with laxative and emetics; and in a third set, with bitters and tonics. Medical men have been, especially during the last thirty years, far too timid in the employment of this admirable remedy in the treatment of disease. They forget that often, very often, nature only requires to be freed from present pain, to enable her to restore a disordered function to a healthy condition, and a suffering organ to the regular performance of its duties without distress or inconvenience.—*Revue Medicale.—Med. Chirur. Rev.*

TABLE OF PULSES OF DISEASE OF THE HEART.

SIMPLE HYPERTROPHY OF LEFT VENTRICLE. Pulse *strong* and *tensely prolonged*, because the ventricle contracts powerfully but slowly.

HYPERTROPHY WITH DILATATION. *Strong, tensely prolonged*, and *large*, because the ventricle contracts powerfully, slowly, and expels an increased quantity of blood.

If the above pulses be moderately accelerated, they become '*hurd.*' They may be rendered temporarily or permanently *small* and *weak* by any debilitating causes impairing the contractile power of the heart. Also by extreme palpitation and dyspnœa causing engorgement of the organ.

HYPERTROPHY WITH CONTRACTION. *Tense but small*, and if the contraction be considerable, it becomes weak as well as small, from the insufficient quantity of blood propelled into the arteries.

KING'S COLLEGE CHANGES.

DURING the last few weeks we have deemed it our duty, on more than one occasion, to censure the line of policy pursued by the authorities who preside over the medical department of King's College. Firmly adhering to the opinion that scientific institutions should be wholly independent of political and sectarian considerations, yet we are anxious for fair play, and therefore willingly give place to the following remarks from an esteemed correspondent:—

"The King's College is an institution which originated with partisans of the Church of England, with the intention of maintaining a close connexion therewith, as is evident from the tenour of their charter, which strictly precludes the election of any professor who is not a member of the Established Church. The paragraphs which have gone the round of the press as to the compulsory secession of Mr. Arnott and Dr. Watson being attributable to the matter of religion is incorrect, and not improbably originated in wilful misrepresentation for party purposes. Mr. Arnott is not Roman Catholic, nor are his connexions; he is not the brother of Dr. Arnott. The motives of that secession we believe to be simply these. From the first establishment of the medical school of King's College it was in contemplation to form a hospital in connexion with it, and it was desired, as far as possible, to select the officers of the hospital from among the teachers of the college, so that the interests of the two establishments might be in unison. It was also essentially desirable, for the purposes of instruction, that the practical teachers should be identical with those to whom the inculcation of medical theory was confided: there is indeed no greater evil for the student, at the commencement of his career, than having to follow the working out of different views, which indeed may be of diametrically opposite character—it begets in the young mind a state of perplexity and confusion which is apt to terminate in a general distrust of medical science: at a later period of study the opportunity of contrasting the different modes of medical and surgical practice is undoubtedly an advantage, but this must not be till there is capability of appreciation. Now Messrs. Arnott and Watson, in addition to being professors at King's College, were medical officers, and gave Clinical instruction at the Middlesex Hospital. The King's College authorities were fully sensible of the value of the services of those gentlemen, and were anxious to secure them for their new hospital, but they were unwilling to resign their appointments at the Middlesex, or indeed to accept the others independently of that resignation. No arrangement could be accomplished, though anxiously essayed, and more than one concession made on the side of King's College to effect it. Thus, as the interests of the two professors could not be made compatible with those of the King's College school and hospital, their resignation became necessary, and it will be a matter of no small difficulty to fill the vacancies efficiently." We approve the prospective arrangements of the new hospital. They look well, and if carried into effect we shall hail them with pleasure, and doubt not their general appreciation; however, the fairest fruit to the eye is not always the sweetest—we cannot judge of a book by the mere preface—neither can we give implicit credence to any preliminary flourish of trumpets on the part of King's College.

We believe that the list of candidates for the chair of surgery is at present as follows:—Mr. B. Phillips, Mr. Rutherford Alcock, Mr. Dodd, of Chichester, Mr. Travers, jun., Mr. Pilcher, and Mr. Macilwain. For the Professorship of Medicine, Dr. Thomas Mayo; Dr. Willis, librarian of the College of Surgeons; Dr. Budd, of the Dreadnaught; and Dr. Holt Yates, of the Aldersgate Dispensary, are spoken of as claimants.

It is understood that the arrangements of the new hospital establishment will be completed within two months. In the first instance it will contain one hundred and twenty beds, which will be equally divided between the medical and surgical patients. Two surgeons and three physicians will probably at first constitute the medical staff. There will be two resident medical officers, to one of whom the care of the physician's patients will be assigned, and those of the surgeon's to that of the other; and these appointments, it is gratifying to understand, are not to be bought and sold, mere objects of pecuniary consideration, but are to be open to the competition of advanced students, to be awarded by a species of concours. It is in contemplation to organize a complete system of Clinical instruction; to excel that which at present exists in this metropolis will be an easy matter—our continental brethren are far superior to us in that respect, which should be to us a matter of shame. We shall hail with pleasure and gratitude any amelioration in the present state of things, from whatever quarter it may originate.

TO CORRESPONDENTS.

MR. BARRON, *the demonstrator at the Webb-street school is loudly complained of by a correspondent, who, with great apparent justice, complains of the demonstrations being made* for those pupils only *who* grind *with Mr. B. We may probably return to this subject, but may now venture an opinion that lecturing and grinding are rather contradictory professions.*

MANCHESTER.—*J. J. Yes.—In answer to his inquiry as to which are the best books for students on Anatomy, Chemistry, and Botany, we will give him our sincere opinion. Very little depends on the book. Quain's work is good but very expensive, and it would be unfair to enter closely into the merits of any of the cheaper candidates for circulation, without mentioning* all. *For your anatomy go to the subject—there, and there alone, you can learn it properly. See that your prosector or demonstrator does his duty—a duty very often neglected without complaint, and you may become an anatomist with a very few books. In chemistry perhaps Reid's Text Book is the best—Turner's is exorbitantly dear and incomplete. In chemistry also you must get all the practice you can in the laboratory. In Botany demonstration is also of infinite service—Lindley's edition of Smith's Botany is perhaps the best.*

SIGMA *is almost too hard upon the stethescopists—although a great deal of humbug has been mixed up with it, yet may it be of infinite service properly employed in diagnosis. We shall be happy to hear from him again.*

THE PENNY POST *being now in play, we may again call upon our correspondents to favour us with their letters* pre-paid. *We think it should now be a rule with all parties to pre-pay letters; but it is especially requisite when enclosures are made. A few days since a friend sent us a communication* unpaid *from the Borough. It was scarcely one-third the weight formerly carried for twopence—the postman, under the new* Penny *post, charged* Eight*pence!!! This is too bad, and all letters should be pre-paid.*

"A SUBSCRIBER," *who requests information as to the method of procuring the privilege of attaching certain letters to his name, as F.R.S., F.Z.S., and so on, is informed that the prices are to be learned by application to the Secretaries by the penny post. Having no faith in such passports to reputation we never inquired the amount. Both the Liverpool and the Manchester Schools will be sketched in due time.*

A. B.—*We thank our Westminster friend, and have turned his communication to account. That Mr. Thomson has not the fear of the 'Lancet' before his eyes is easily accounted for, seeing that he is intimate with Mr. Wakley, who has got a blind side for his friends, in whose behalf he will swallow a camel, though his* conscience *would make him scruple at a gnat on the behalf of an enemy. Mr. F. H. Thomson may rest assured that he never will be what Sir Anthony Carlisle undoubtedly has been—a man of first-rate talent.*

QUACK NOSTRUMS.—*The names of Mr. Morris, New-street, Covent-garden; Mr. Berry, James-street, Covent-garden; and Mr. English, Grace-church-street; shall be added to our list, already exceedingly long.*

The Midwifery books are increasing at a fearful rate. We shall attend to them shortly, and examine them all.

ENQUIRER.—*A wax-chandler's daughter.*

PROMOTIONS, IRELAND.—Civil, James B. Thomson. M.D., to the West Cove Dispensary, Kerry, in the room of the late Dr. O'Connor.—Dr. Nolan, late Demonstrator of Anatomy in the University, to the Dispensaries of Athboy and Balliver.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, January 9th: Thomas Galloway, Edmund Pearse.

ARMY MEDICAL STAFF.—Staff Assistant Surgeons O'Flaharty and Duncan are ordered for service to Sierra Leone.

THE MEDICAL TIMES.

HOSPITAL ELECTIONS—ST. GEORGE'S AND KING'S COLLEGE.

THE past week has been a busy one among the hospital place-mongers, who have had more work upon their hands than for some time past. The vacancies at the King's College still unfilled,—and the resignation of Sir Benjamin Brodie, at St. George's, made glorious opportunity for the exercise of their loved employment. The St. George's affair, however, made rather less public stir than might have been anticipated, but this is easily accounted for by the fact, that matters were rendered tolerably secure—the plot was not only concocted, but matured, before Sir Benjamin passed the Rubicon by resigning. Long ago was it settled that Mr. TATUM should become one of the St. George's staff; and now that the time has arrived, Sir Benjamin steps out to make the vacancy, with the complimentary post of Consulting Surgeon.—Mr. WALKER takes, as a matter of course, a step upwards, and Mr. TATUM is elected. Many candidates, who would have started had this secret compact not existed, were deterred from putting forward their claims; those who did announce themselves politely *resigned* before the day of contest; it may be from a consciousness of certain failure—it may be upon an understanding *that their day will come in due time.*

How long will interest be allowed to trample down talent and skill?—how long will heavy purses and family connexions pave the way to offices which fitness should be the only passport to?

Our remarks upon the King's College clique called forth loud wailings and laments of undue severity and injustice. A correspondent, upon whose judgment and honesty we place great reliance, has taken up a pen in their behalf. As we elsewhere state, his remarks have been received with pleasure, and printed with alacrity. Truth is what we seek—if we have been unjust we are honest enough to admit our error—but their advocates cannot wash off the stain—the mark of the beast is not removed. Our arguments are not even assailed—our position is untouched. King's College is a party speculation—no man can hold a chair in the institution unless he admits the Thirty-nine articles—it is, in short, a sectarian, not a scientific, body. For their profession of improved Clinical instruction we are first to give them credit. If they are fulfilled we shall be as ready to commend as we have been to condemn.

MR. LISTON ON THE DRESSING OF WOUNDS.

A SORT of routine practice has been long pursued in dressing wounds. They are put together without delay, and their edges squeezed into apposition and retained so by various means, such as sutures, plasters, compresses, and bandages. They are carefully covered up and concealed from our view for a certain number of days. Then the envelopes of cotten and flannel, the compress cloths, the pledgets of healing ointment, and plasters are taken away, loaded with putrid exhalations, and a profusion of bloody, ill-digested, fætid matter. A basin is forthwith held under the injured part, and the exposed and tender surface is deluged with water from a sponge, and then well squeezed and wiped. Then comes a reapplication of retentive bandage, of the plaster, of the grease mixed with drying powder, all surmounted by some absorbent stuff, as charpie or tow, to soak up the discharge. This is not unaccompanied by pain, often more complicated of than that attendant upon the original injury or operation. This process is repeated day after day, the patient is kept in a state of constant excitement, and often, worn out, by suffering, discharge, and hectic fever, falls a victim to the practice. It would here serve no purpose to detail the mode of cutting the plasters, and of spreading the pledgets; nor would there be any use in giving an opinion as to whether a mixture of the earth called armenian bole, or the impure oxyde of zinc, the tutty or calamine, was the best ingredient to put into the digestive, drying, healing unguents, or as to whether they should be compounded of one kind of animal fat and vegetable oil, or another; nor would any good come of stating how the soiled bandages and filthy straps are to be removed, whether they are to be cut off or removed first from one end and then from the other. The system is a bad one, the applications filthy and abominable; the whole proceeding outrages nature and common sense. The wound is, as it were, put in a forcing-bed; excited action, beyond what is required, is hurried on, and the consequence is that union seldom, if ever, can or does take place. A suppurating surface, on the contrary, with profuse discharge, and a very tedious cure, if any, is obtained.

MR. LISTON'S METHOD OF DRESSING—Surfaces are not disposed to unite for many hours after the division and separation have occurred. So long as oozing continues, there is no good end to be achieved by their close apposition. It is only when reaction has occurred, when the molecular excitement around the solution of continuity has taken place, and the circulation has been roused, when plastic matter begins to be secreted and thrown out, that the process can be expected to commence. The edges of a large wound, as that resulting from amputation of the extremities, may be approximated in part so soon as the bleeding from the principal vessels and larger branches has been arrested. But the close application, and the application of all the retentive means, had better be delayed for six or eight hours at least. In the interval extreme sensibility of the injured parts may be abated, the oozing moderated, and the chance of secondary hæmorrhage much diminished, by covering the parts with lint dipped into cold water, and frequently renewed; or, as after any of the greater amputations, for instance, a piece of lint may be placed betwixt the flaps, and a constant irrigation of the exposed surface kept up for some time by threads passing from a vessel containing cold water. This practice is the best that can be resorted to also in accidental wounds, those of the incised kind, that are fresh, and bleed freely. In these last, after hæmorrhage has entirely ceased, applications of an agreeable warmth should be substituted, such as poultice of bread and water, or, what is much to be preferred for its simplicity, lint of thick texture, and of sufficient size to cover the wound, soaked in tepid water, and that overlaid with an ample piece of oiled silk, to prevent evaporation. Heat and moisture, by which qualities a poultice produces its soothing and beneficial effects, by which the surface is relaxed, its capillary circulation encouraged, and discharge promoted, are thus amply afforded, without any of the weight, putrefactive

fermentation, stench and filth, which is inseparable even from the best and most scientifically contrived epithems and cataplasms; of course the approximating such wounds is effected, as much as possible, by position, and by the same means the return of blood is favoured, and engorgement of the vessels and inflammatory swelling prevented in a very great degree. As the solution of continuity is filled up, the edges are approximated, and during the cicatrization the same means must be preserved in, in order to promote the process. Support may be given in some stages of the cure by bandage, and occasionally by plasters; care must, however, be taken that this is not partial. It is seldom, indeed, that any good is seen to arise out of the drawing together by plasters of the edges of a recent solution of continuity, during the process of granulation and cicatrization. The contraction of the part takes place naturally, and generally with sufficient rapidity. It is often retarded by the means which are foolishly employed to hurry it on. The granulations are absorbed, the surface of the sore becomes foul, the discharge thin and offensive, and if the plan is persevered in, inflammation of the surrounding skin will follow, with extension of the sore by ulcerative absorption. There is a period, however, at which the edges of a solution of continuity in a state of suppuration may sometimes be approximated and retained with every prospect of abridging the cure, provided the surrounding parts are in a sufficiently lax state; viz., when the discharge begins to thicken and diminish in quantity, when the granulations are florid, small, and acuminated; then, indeed, rapid adhesion often takes place. When the coverings have been smoothly and cleverly cut, and in the direction of the fibres, when there is an abundance of these as regards the deeper parts, then, after the surface has become glazed, (the vessels having been tied, and the cold water assiduously applied for some hours,) the surrounding skin previously shaved, is made thoroughly dry; coagula are removed, the edges are put carefully and neatly into contact, and retained by narrow slips of adhesive plaster placed at intervals; that commonly used is not well suited for the purpose; it does not retain its hold sufficiently long; it is loosened by discharge, it heats the surface, and often gives rise to erythema. For many years a better sort of plaster has been used very successfully by me and some of my colleagues in the Royal Infirmary of Edinburgh, and in the North London Hospital, as well as in private practice. It is composed of a solution of isinglass in spirit, and may be spread for use, as occasion requires, on slips of oiled silk; on silk glazed on one side only, and on the unglazed side. But this plaster can now be had, ready for use, admirably prepared by Messrs. Fisher and Toller, Conduit-street. It is cut into strips of the desired breadth, and the adhesive matter dissolved immediately before it is employed by the application of a hot moist sponge. This composition becomes sufficiently adherent; it keeps its hold often to the end of the cure, and it is quite unirritating. Being transparent, the plaster does not prevent any untoward process that may be going on underneath from being observed, and if any fluid collects, an opening can be snipped for its escape. If, as may be often deemed necessary, a few points of suture have been made, these can be removed by cutting the thread shortly after the fixing of the plasters, and within twenty-four hours. No other dressing need be employed in the first instance—no compress, no pledget, no bandage. These applications may give rise to unpleasant effects, they are not wanted, and do no good; they in no way promote the object in view, viz., the union of the wound, and the cure of the patient at the end of eight or ten days. A roller may be applied in a few days after some amputations, in order to encourage the subsidence of any slight œdema that may have arisen, and to bring the stump into a nice form. At an earlier period, the use of any dressing whatever is productive of pain; it heats the part, and encourages discharge of blood and formation of matter. The discharge that does take place in the light and simple mode of managing wounds here recommended, is wiped from the surrounding skin, as it flows out, and from the taffeta or glazed cloth on which the part lies.—*New edition of Practical Surgery.*

CONFESSIONS OF A DISSECTING-ROOM PORTER.

CHAPTER SECOND—AN ODD VISIT.

I HAD been in my new office about ten days or a fortnight, when I received directions one evening to apply the next night at the prison in the Old Bailey, where there would be the body of a criminal for me to carry back that had been made over to our school. The Anatomy Bill had not passed then, for it is now some years back, and we got our bodies as we could, so that we considered this a catch as the subject was sure to be fresh and sound—a great desideratum in comparison with the stiff 'uns that we purchased of the resurrection-men, which were sometimes all shades of tint like a soaked harlequin whose colours had run, and would hardly bear injecting.—I was told that the body in question was that of a murderer, who would be executed the next morning for some fatal piece of business that had taken place in a hell at the West End. It is of no use telling his name now, for the affair has long been forgotten, and it would do little good; but he had been very well connected, and the whole transaction caused a great sensation at the time it occurred. —It was a dismal evening towards the close of November, 18—, when I set off from the school on my way to Newgate. A heavy orange-coloured fog, like smoke with the jaundice, had settled over the streets, through which the foot passengers were moving like the characters in an Adelphi nautical drama, before the gauze is drawn up that represents a mist. The lamps barely cast their light from one to the other, and every body's feet were slipping about on the black greasy pavement, as if they were walking up inclined planes of dirty soap. I got a horse and cart from the mews at the back of the school, and taking the laboratory man of the hospital with me, we drove down to the court-yard of the Sessions' House. Here I gave up my order, and the body was brought down in a shell, and shoved into the cart; after which we covered it with a tarpaulin, and turned back again on our way home. When we reached the back door of the school, we carried the body in, and then my companion went back with the cart, and I prepared to inject. Getting a subject ready for the dissecting-room was a long job at that time, for cold injections were not used, and we had to place the entire subject in a warm bath, and used every thing hot, just as you would inject a placenta at present. I wished to get it finished that night, as Mr. Snipliver, our demonstrator, had taken a new whim into his head of lecturing at seven o'clock in the morning, to excite habits of industry amongst the students, as he used to say. He never got a good class, and no wonder—who in their senses would get up at that time to come to lecture? His general attendants were the regular snobs of the school—men who wore thick shoes, beaver gloves, and cloth cloaks with curly white stuff at the collars, who took notes of all the lectures, and talked about passing the Hall on the Thursday, and the College on the Friday after, without grinding; and the thorough second-season out-and-outers, who had been flaring up all night, and used to come to the school in the morning direct from the Union to wash themselves, and take a nap in the museum on the chairs by the side of the stove. Their favourite dozing nook generally used to be an old empty macerating trough down stairs, with Dr. Catchmole's leather midwifery model for a pillow, and the green baize from the lecture-table for a counterpane—that is, when they could get it.

Whether Mr. Snipliver, however, had a good class or not the subject was obliged to be all ready, and as he wanted the abdominal viscera for the next morning I began to work. I got out my pipkins and syringes, lighted my copper fire, and was mixing my vermillion and size and all the rest of it, when I thought I heard a slight tinkle at the door-bell. I wondered who could have any business with me at that time of night, and expecting to find nobody if I went (for the little boys in the court were mighty fond of ringing and running away again), I kept on with my work. Presently, however, it sounded again, but still very gently. Now when people give a runaway pull, they generally make "a long pull, a strong pull, and a pull altogether," more especially if they carry the handle away with them—a feat easily performed by drawing out the bell-pull to its utmost length and then turning it short down, as can be perfectly testified by the memories of the oldest inhabitants of Gower Street and Torrington Square. But this second ring was so quiet that it struck me it might be some old resurrection grab come about a body. I took up the lumbar vertebra that I used for a candlestick and went to the door. Stout and kidneys! how I was astonished to see—not a resurrectionist, not a drunken student, not a pot-boy for the empty half-and-half pots, but a young lady, dressed in a handsome cloak and veil, leaning against the post of the lamp at the door, and crying ready to split her pericardium. My first idea was that she was after one of the students; then I imagined it might be a woman with a midwifery letter in search of some one to attend; and then it struck me, all of a sudden, that it was some friend of the poor fellow down stairs, and as it proved, I was right. I have seen many beauties in my time, but I never saw such a handsome face as that lady's when she addressed me on opening the door. I was a young man then, and a pretty girl soon attracted my attention. Now I am old and care little for womankind—when dead they are good subjects for injected preparations, and to get out femoral hernia upon, and that is all; but I have often thought upon that lady's pale, very pale countenance, as she turned to speak. Her complexion was as death-like as the corpse below, except that the eyelids were crimsoned with weeping, and her long black hair hung all over her shoulders in heavy waving curls, quite beautiful to look at—none of the flat close bands that the women wear at present plastered down their cheeks as if to keep them from falling out.

"Is this the ——— street School of Medicine?" she asked in a low broken voice.

I returned an answer in the affirmative, and ventured to inquire "what she might want there?"

"I will tell you all directly," she replied, still sobbing violently, "but for God's sake allow me a few minutes' rest, for I am almost dead. It is very, very cold to night, and I have eaten nothing for two days;" and as I drew back and

opened the door a little wider, she entered the passage, and sitting down upon the stairs leading into the anatomical theatre, burst into a fresh flood of tears.

I closed the door, and stood for a moment quite confounded at the appearance of so unusual a visitor. At length she raised her head again, and asked me "if I had not brought the body here that had been executed that morning at Newgate?"

"It is now down stairs, ma'am," I replied, still unable to perceive her drift.

"Oh, take me to him!" she exclaimed, rising hurriedly from her seat and seizing my arm. "Take me to him I implore you. I ought to go, for I have more right than any one else on earth, although he is a murderer—an executed criminal. I have watched at the prison-gates the whole day, in the hope of being able to trace his remains through the wet cold streets to their destination, and I followed your cart to this school. You must let me have the body at any risk—at any price," and she added in a low deep tone, "God knows I have suffered much for him. I have given up friends, home, reputation—all for his affection, and it has come to this," and she again began to cry terribly.—Here was a situation for Jasper Buddle. I don't know what I *ought* to have done—what I *did* I will inform you. What the good characters in minor theatres call "the sight of a female in distress" quite overcame me, and I do believe if she had told me to carry the body away myself, on my back through the streets, to her own house, I should have done it. As it was I took up my light, and half leading, half carrying her down the steep narrow steps that led to the injecting-room, I allowed her to enter. She was the first visitor of the kind I reckon that had ever stood within its walls, and an odd sight enough the cellar presented with its quite lifeless occupant, the weeping lady, and myself. Her youth and beauty formed an odd contrast to the grim and half-dried preparation that hung around, but she saw none of them—her whole being was centered in one object, and as she threw herself upon the body, that was lying on a handbier, covered with an old sack at the end of the room, I thought what a strange picture an artist could have made of it.

"I did not think we should meet again here." she exclaimed, through her tears, as she uncovered the face, and put back the hair from the forehead, brushing away the sawdust of the coffin that adhered to it with her small white hand: and then she saw the purple mark round the neck, bearing the impression of every strand of the rope. Poor thing—how she shuddered when she first looked at it.—I felt myself in rather a peculiar position, as the fœtus pleasantly remarked to itself, when it found its head making the first turn, and did not very well know what to say. My companion, however, spared me the trouble, by demanding, after a short pause, if it were possible to remove the body from the school, and she accompanied her request by drawing a purse from her reticule, and offering me the whole of its contents to aid her.—Now I declare solemnly that her distress moved me more than the gold she promised me, and I expected a subject the next evening which would supply the place of the present one. After a little hesitation, for I knew I was doing wrong, I agreed to let her have it, and I even went myself into the mews, to see if I could get the cart again that had conveyed it to the school. Luckily the man was still smoking a short pipe in the harness-room, and I returned with him to the school. We placed the body in the shell, and carried it up stairs together—the lady directed the man to keep in her wake as she walked along the pavement, and I saw no more of her from that day to this.

So ended this odd interview. Who she was I never ascertained, but I do not think she was his wife, for there was no wedding-ring on her finger. I found upwards of 10*l.* in the purse, and the driver told me that he received two guineas for his trouble, and that he left his charge at some small house on the site of the present buildings at the eastern angle of the Regent's Park, but he did not think he should recollect the place again.

I went that night to Mr. Snipliver, and told him the whole affair. He grumbled a little at first, and then told me to get out the preparations of the internal ear for demonstration the next morning—the lecturer's last resource when he has no fresh subject—unless he chooses to send for some sheeps' eyes to the nearest butcher's—another excellent refuge for the destitute.

ROCKET.

REVIEWS.

Polytechnic Journal. Article MESMERISM. No. V. for January.

It is scarcely within the scope of our Journal to allude to a periodical devoted to general science and the Fine Arts, but in the present instance we may fairly do so in reference to the paper on Mesmerism. It is a subject which has occupied so much attention, and given rise to such general remark among the medical profession as well as the public in general, that notwithstanding the boasted 'destruction' of it by the self-elected censor of what shall and what shall not have the support of the medical profession, despite the noisy bullyings of the 'Lancet.' Mesmerism has still sufficient life to solicit attention and sufficient arguments in its support to deserve the attention of such as are anxious to investigate truth. The writer of the article in this new and deserving Journal has not confined himself to a chronological account of the discovery and progress of the asserted 'science,' but gives a fair explanation of the whole question at issue between the believers and non-believers in Mesmerism. As we are much inclined to believe that many have ventured upon conclusions on this topic without a fair examination of the premises, we shall make some extracts which will tend to elucidate the subject without espousing either one side or the other. First then, what is this new power?

WHAT IS MESMERISM?

We are told that in human beings there exists a power, which, under certain circumstances, evidently affects the nervous system, not only of other human beings, but also of animals; that all are more or less susceptible of the effects produced by its agency, and that we all possess it to a greater or a less extent, though the stronger the individual is in health of body and energy of mind the greater will be his Mesmeric power; that those who are afflicted with any of that numerous class of diseases denominated nervous are more easily brought under its influence than healthy and robust persons; and that women are, *ceteris paribus*, more easily affected by it than men. We are further told that the effects are not always at first produced, nor does it therefore follow that the operator is not possessed of the power, or that the patient is not susceptible of its influence, for in many cases it has been necessary to operate several times with the greatest patience and perseverance before any symptom could be produced, when, afterwards, every succeeding application has brought out more and more the evidences of its action on the system of the patient. Nor is this a case by any means unfrequently met with in the practice of medicine; how often does the physician find himself compelled to repeat dose after dose of mercury before he can obtain the desired effect, and yet, after a time, how small an addition will cause even alarming symptoms, whilst in other patients the smallest dose will produce all those distressing symptom at the very first.

Now let us see what are the

MODES OF OPERATING.

In some instances, it is sufficient merely to point with the fingers at the patient at a little distance from him; in others it may be required to draw the hand, with the fingers extended, down from the brow of the patient over the face and stomach, without touching him, however; whilst again, in some cases where the individual is not very susceptible, the operator should place one hand upon the patient's head, and the other on his stomach, then concentrating his whole attention and energies upon the object in view, let him place his hands upon the patient's shoulders, and draw them down his arms and forearms to the palms of his hands, and from the head down either side of the face and body, and let him continue these movements for some time, either in contact with the patient or not, until the effect be produced. Such are the most ordinary modes of operating, but it would be impossible here to notice every variety of method which is employed.

EFFECTS AND EXPECTED ADVANTAGES.

The first symptoms are often peculiar sensations on the surface of the body, as warmth, pricking, twitchings, and spasms; the pulse and respiration become affected; after a time, the sight generally becomes less clear, the nervous sensations are increased, and gradually the patient is oppressed with a deep sleep, the limbs refuse to sustain the body, the head is inclined forward or to one side if not supported, and the body, if in the sitting position, will fall if not prevented; the limbs, head, or body of the patient may, at the same time, be most forcibly attracted in any direction by the mere movement of the hand of the operator. The sleep is often so profound, and in it the various senses are so blunted, that no noise or pain disturbs it; this is called coma or Mesmeric sleep, and after the operation has been repeated several times, or when the patient is very susceptible, this state of sleep is succeeded by one of somnambulism closely resembling what is commonly observed in ordinary sleep-walkers.—All the advantages which the professors of Mesmerism expect to derive from its application cannot yet be known; indeed the subject may still be considered in its infancy, although it has been much more investigated on the continent than in this country; still, however, it is asserted that many nervous affections, including epileptic and other fits, some kinds of paralysis and mania, have been cured by it; and that patients may, whilst under the influence of the Mesmeric sleep, undergo severe and excruciating operations without being sensible of pain.

Of the unfavourable report of the French Academy appointed to investigate this subject—a report which deservedly carries great weight with it—the writer observes,

We cannot conceive how men, inexperienced in any science, should be competent, from the results of their own experiments, to decide as to the soundness of the doctrine of those who have made that science their particular study. How would Dr. Franklin have expected his experiments and discoveries in natural philosophy to have been received by the world, had a committee of priests or of military men been appointed to repeat those experiments, and to report concerning them? We would remind our readers, that in the multitude of councillors there is not always wisdom, and that sometimes the opinion of one man of penetration is worth more than the decree of a whole scientific body. Now it is certainly a fact worthy of remark, that M. Jussieu, one of the most learned of those commissioners, and who is celebrated for having founded an entirely new system of botany, did not agree with the rest of the commission, although requested so to do by the government; on the contrary, he published a report of his own, in which he decidedly admits that some power must have been present and have acted upon the patients, for, he says—referring to phenomena elicited by his own experiments—"These facts are neither very numerous nor very varied, because I could only adduce

those which were sufficiently verified, and with respect to which I could have no doubt. They are sufficient, however, to justify us in admitting the possibility, or the actual existence of a fluid, or agent, which is transmitted from one man to another, and which sometimes exerts a sensible action on the latter."

It is unnecessary here to go into a repetition of the experiments performed at University College Hospital, by Dr. Elliottson, or to quote that talented physician's opinions upon the subject. All our readers who can obtain permission should witness the experiments which the doctor is still making with unshaken confidence, and undiminished zeal. We will, however, make room for the following remarks on

DR. ELLIOTTSON AND HIS OPPONENTS.

The doctor has, from the very commencement of his investigations, afforded to the public ample means of witnessing his modes of experiment and the results produced; but many of his most determined opponents have steadily forborne to avail themselves of any opportunity which would enable them to do more than exclaim against Mesmerism, without having been eye-witnesses of the effects produced, or to speak publicly to students of the colleague as a "tom fool," and the patients as impostors. Others seem perfectly satisfied, at having heard or having seen, on some occasions when Dr. Elliottson has been performing his experiments, or when others have tried to repeat those experiments, that the expected result was not produced, to take it for granted, that he must inevitably be either a dupe or an impostor, or at all events immensely credulous. This is hardly fair; it is scarcely doing unto others as we would they should do unto us. We remember, on more occasions than one, when we were induced to hear a lecture from a learned professor of University College, by many considered a very scientific man, and who has been particularly forward in deciding against Mesmerism without other than hear-say evidence, that many experiments of that learned man failed in the class-room: for instance, we have seen him place a little bird under a glass—tell the students that he should exhaust the air contained under that glass, and that the poor little bird would show evident symptoms of distress and uneasiness, and finally, that the little creature would die; he then has pumped away with much energy, but the poor little bird hopped about much like other little birds, and finally pecked the glass instead of dying; but the students (they were chiefly young men who had not seen much of the world, for this was one of the first classes which the regulations compelled them to attend) did not call that professor a "tom fool," nor did we infer that atmospheric air was not necessary to support animal life. Then, again, has that same intelligent professor and able experimenter placed a portion of brownish fluid, for example, in a little test glass, and after telling the ingenuous young men that he should add some other fluid to it which would cause the brownish colour to become yellow, lo! the brownish fluid upon the promised addition has become bright green or blue; still he was not called an impostor, nor did the students doubt the propriety of the test. Lastly, we have known this learned man bring a little dog into his theatre, and give notice to his class that he would introduce into the system of the poor little animal some strychnine by means of a wound made for the purpose; and then that, after the lapse of a few seconds, this poor little dog would fall into horrible convulsions, particularly of his hind legs, and die. We have seen an incision made, and the poor little dog has continued to run round and about the professor's private domain, behind his table, and never used his hind legs, that we could see, otherwise than in a natural way. All this did not make the pupils, however, exclaim "Oh! credulous professor!" though, perhaps, we might have observed a slight smile come over some countenances which before wore an expression of pain, from sympathy with the poor little dog's promised and expected sufferings, nor did we doubt that strychnine was a deadly poison when inserted into a wound.—To judge properly of the effects of Mesmerism people should take the trouble to see for themselves, and they should not pretend to report the experiments made by those who are conversant with the subject without first having made themselves thoroughly acquainted with the manner in which those experiments were conducted, or at all events, should they be sufficiently rash to neglect this precaution, they must consent to take upon themselves the responsibility of the failure.

RECEIVED FOR REVIEW.

Medical Etiquette; or an Essay on the Laws and Regulations which ought to govern the conduct of the Medical Profession, in their relation to each other. By A. Banks, Esq., Surgeon, &c. Fox, Paternoster-row.

Sheath's Graphic Aid.—This is a very ingenious and useful contrivance, and is well adapted for retaining prescriptions.

WESTMINSTER HOSPITAL.

SIR A. CARLISLE v. MR. THOMSON.—BREACH OF ETIQUETTE.

Circumstances have occurred at this hospital which have occasioned some little excitement; and, being the second instance within a short period, it must not pass unnoticed. It refers to interference on the part of Mr. Thomson, the assistant-surgeon, with the patients of Sir Anthony Carlisle, who is the senior surgeon of the hospital. The facts are these. In the first case tetanus had supervened on a lacerated wound of the hand. Sir A. C. had prescribed for the patient, and his dresser had written down the prescription at his dictation; within half-an-hour Mr. Thomson entered the ward, perused the ordonnance of Sir Anthony, which was authenticated by the dresser who was present, and then deliberately scored it through and through, and replaced it with a prescription of his own, uttering sundry comments much to the edification of the by-standers. Sir Anthony, at his next visit, was naturally surprised and indignant; nor would the matter have been passed over, but for the mediation of other parties. The second instance occurred last Monday, the 13th. A case of incarcerated hernia was admitted under Sir Anthony Carlisle, who, after seeing it, ordered certain preliminary remedial means to be used, and after a certain time the house-surgeon was to apply the taxis. Should any difficulty arise, or any unforeseen circumstances make further assistance desirable, Mr. White or Mr. Lynn was to be sent to. Previous to the appointed time, Mr. Thomson having got inkling of the case, went to the hospital, and of his own authority took upon himself to reduce the said hernia, knowing the patient to be Sir Anthony's. It is notorious through the hospital that Sir A. C. strictly objects to Mr. T.'s interfering with his patients; his acting thus is therefore a matter of surprise, and we anticipate will prove somewhat difficult to justify.—We are no partisans nor admirers of the worthy knight, but while he does retain the post of chief surgeon to Westminster Hospital, and assiduously performs the duties of his appointment to the best of his ability, we should be sorry to see him bearded and insulted with impunity *even* by Mr. Thomson. We doubt not that Sir Anthony Carlisle will assert his rights.

HOSPITAL REPORTS.

CHARING-CROSS HOSPITAL.

PHLEBITIS AND EXTRAORDINARY OCCURRENCE OF HEMORRHAGE.

Emma Phillips, æt. 18, was admitted December 13th, under Mr. Partridge. Has been much subject to pain in the side, for which she has been repeatedly bled in the right-arm—a twelvemonth ago in the Basilic vein. Six months ago the same vein was opened rather lower down, and two months back blood was drawn from the cephalic. The cicatrices healed readily each time; despite the bleedings, the pain in the side always recurred quickly, but otherwise her health remained excellent, as it had ever previously been. Yesterday, while walking, the greasy state of the pavement caused her to slip, and she fell with the right-arm doubled under her; on rising, she found the blood flowing freely from all the ancient orifices, but most freely from that in the cephalic vein. By application of compresses and bandage, the hæmorrhage was arrested after much loss of blood, and it was found on examination, that the veins especially the cephalic, gave a tense, cordy sensation to the touch, and were tender on pressure. She calls to mind that the arm was rather stiff and uncomfortable previous to the accident, though scarcely sufficient to attract attention. She had been from time to time liable to the occurrence of a circular raised patch of herpetic eruption, at the back of the metacarpal bone of the thumb, and this existed at the time of the accident, though now it has quite subsided. On admission, she was ordered two grains of calomel, and half a grain of opium every four hours, also a saline mixture. 14th. The arm is somewhat better. There is a slight tumefaction and suppuration at the cephalic opening. To continue medicine and have the arm fomented. 18th. Much pain under the clavicle, and in the axilla with slight swelling. To have an arm bath, and continue fomentation and pills. 20th. Can bend the arm better than yesterday, but the pain still continues. The bowels remain comfortably open, and there is no fever. To continue the pills, and use a strong opiate liniment to the arm. 23rd. She continues much the same. 30th. The cicatrices are all healed. She cannot completely extend the arm, and complains of pain in the axilla. Nitrate of silver has been applied in the course of the veins. She continues the pills. Feb. 10th. She is unaffected by the mercury—the pain and swelling in the axilla rendered the application of a few leeches necessary. There is still tenderness in the course of the veins. She is now anxious to leave the hospital.

Poisoning by Diacetate of Lead.—An instance of the destructive effects of this substance, when taken in an overdose, occurred last week; and, as it is one of a class of great rarity and interest, well deserves a passing record. We allude to the two children (Hannah and Caroline Wilson,) upon whom an inquest was held by Mr. Wakley. It appeared from the evidence, that two or three days previous to their decease they had drank, by mistake, a quantity of goulard water; but doubts having been raised as to whether this were the real cause of death, a *post-mortem* examination was decided on, and Dr. Golding Bird was requested to make it. That gentleman, after a little time, stated the following as the results:—that in the youngest (Hannah) the lungs were healthy; that the stomach exhibited no traces of the metal, except that the mucous membrane was of a greyish colour, as if viewed through a grey glass; that whilst the arterial system was totally devoid of blood, the veins were turgid, the blood in them quite liquid and free from coagulum; that the smaller intestines were contracted; and lastly, that the kidneys, being stripped of their serous covering, showed an immense number of arborescent vessels, so beautiful that drawings were made of them. The other child (Caroline) presented the same appearances, but the contraction of the intestines was less obvious. These facts were deemed sufficiently demonstrative that the children had died from the effects of the lead, especially when it was considered that it had long previously been in solution; it being well known that all poisons are increased in power in proportion to their solubility. The jury, accordingly, returned the verdict "accidentally poisoned." May we ask Dr. Bird wherefore did he omit to examine the brain and spine?

STETHOSCOPIC PRIZE EXAMINATION—MEATH HOSPITAL, DUBLIN.

THE following questions terminated the examination we gave the beginning of last week:—

Have the friction sounds of pleuritis and pericarditis been observed with metallic phenomena, and when?

Has auscultation been applied to the discovery of cerebritis?

Is cerebral bruit de soufflet necessarily indicative of cerebritis?

Is there any præcordial tumour pulsating with the diastolic pulsation of heart, not aneurism, and not cancer?

Is Dr. Darwall's diagnosis of change of sound on percussion with the position of the patient as characteristic of hydrothorax correct?

Are there any physical signs of cancer of the heart?

Are there any signs in cases of pneumothorax which proceed from secondary fistulæ?

Has any difference been observed between typhoid and ordinary pneumonia, with respect to the sound on percussion?

What is Bouilland's opinion as to the cause of the bruit in pregnancy?

Can a large aneurism of aorta exist without any stethoscopic signs?

Is there absence of crepitus before hepatization in any cases of pneumonia except the typhoid?

In a doubtful diagnosis between cancer and tubercle, in what manner would the signs of ulceration modify the opinion?

Pleuritic adhesions are common in phthisis, can we generally detect them by any physical signs?

What are the evidences of simple inflammatory pneumothorax? Do you know any case of pneumothorax with obliterated pleural cavity?

Are the signs of accumulation available in the diagnosis of pneumonia?

In a case of doubtful diagnosis between cancer and tubercle, to which would a varicose state of the superficial veins lead?

What is Dr. Corrigan's theory of bruit de soufflet?

Have any peculiar symptoms been observed in cases of purulent cysts in the heart?

Are any signs of pericarditis observed at a great distance from the heart?

In the three species of intra thoracic cancer, what is the order in the facility of their diagnosis?

In two cases of phthisis, one far advanced, the other commencing, what signs might be expected above the clavicle?

In a case of complete pneumonic solidity, does a return of the crepitur indicate cure?

EFFECTS OF THE ERGOT OF RYE ON THE MALE.—M. De Gravina took at one dose twenty-four grains of the powder of ergot of rye, and about three hours after felt a sensation of great weight in the epigastric region, slight at the first, but increasing, and at length becoming almost unbearable. This state lasted about an hour, and was then followed by an unpleasant sensation of the stomach, with feelings of general debility, nausea, and eructations—terminating in severe vomiting, pallor, and an anxious appearance of the face, cold, clammy skin, severe pain of the head, depression of spirits, and general lassitude of the system, with vertigo on the least motion, pulse small and slow—fifty-two in the minute (before taking the ergot it was seventy-five), the number of inspirations fell from eighteen to thirteen, great disgust for food, with a sensation of cold, commencing in the epigastrium and spreading over the whole surface. Some rich wine was now administered, which entirely removed the symptoms affecting the stomach, and caused a voracious appetite.—*Annali Universali di Medicina.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

THERE will be an election of a medical superintendent to the Forkhill Dispensary, on Saturday the 1st day of February next, in the room of Dr. George Cunningham, appointed to the United Dispensaries of Clonard and Kinnegad. Applications received by the Secretary.

ARMY.—37th Foot: Assist.-Surg. John Sinclair, from the staff, to be Assist.-Surg. vice Davis, deceased. 51st Foot: Assist.-Surg. James Lowry Tighe, from the 75th Foot, to be Surg. vice Millar, deceased. 75th Foot: Alexander Gibb, M.D., to be Assist.-Surg., vice Tighe. Hospital Staff Joseph Burke, to be Assist.-Surg. to the Forces, vice Sinclair.

NAVY.—Surgeon Joshua Brookes, appointed to the *Crescent*; Assist.-Surg. Dr. R. F. Cutlen, appointed to the *Britannia*.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting held, pursuant to charter, the following gentlemen were elected officers for the ensuing year: President, Robert Adams.—Vice-President, Thomas Rumley.—Secretary, James W. Cusack.—Assistant-Secretary, Thomas Small.—Censors, William Tagert, John Hart, Abraham Palmer, Charles Benson, Edward Hutton, William Hargrave.—Assistants, Samuel Wilmot, James W. Cusack, William H. Porter, M. Collis, John Houston, Christopher Fleming, James P. Lynch, Josiah Smyly, Maurice Corr, John Macdonnell, Leonard Trant, Francis Rynd.—Midwifery Court of Examiners, Thomas E. Beatty, Robert Shekleton, John Peebles, Edward W. Murphy, Hugh Carmichael, William Jameson, Robert F. Power.

MEDICAL OBITUARY.

On the 10th inst., John Lawson, Esq., surgeon, Walbrook, deeply regretted by his friends.—On the 9th inst., J. B. Tippetts, Esq., M.R.C.S., for many years of Spital-square.—T. M. Hovell, Esq., Assist-Surg., Hon. East India Company's service.—On the 20th inst., Frederick Wynne Hall, surgeon, of Cork.—On the 1st inst. in Temple-street, Dublin, Darcy Mahon, M.D.—On the 13th inst., Mr. W. A. Walford, of Speldhurst-street, Surgeon.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

THE OPIUM TRADE.

January 11.—Mr. STREETER in the Chair.

Mr. ROBINS related the case of a man who had applied to him for advice, under circumstances of peculiar interest. He had a syphilitic sore on the prepuce, with inflammatory edges, and answering exactly to the true Hunterian chancre. Black draught was administered to him, together with very small doses of blue pill. He had hardly taken the latter, when a profuse salivation commenced, and continued for several days. The oxymuriate was now given, and also sarsaparilla and colocynth; and under this treatment he recovered in the course of six weeks. A month afterwards, however, when it was thought his constitution was entirely freed from the venereal poison, another sore appeared upon the prepuce, half an inch above the situation of the former one—viz., on the dorsal aspect; and, at the same time, there was extensive sore throat. But Mr. R. considering this, the secondary sore, to be of a totally different character from the former, and by no means a venereal one, exhibited hydriodate of potass and sarsaparilla internally, and applied mercurial ointment; and the result appeared to confirm his opinion; for in a fortnight the sore disappeared, and no traces whatever were left of the tonsillar affection.—Mr. WINSLOW observed, that he had been accustomed to prescribe iodine in lieu of mercury, in cases of secondary syphilis, with superior advantages; the form he usually employed it in was that of the hydriodate. As to the salivating effect of the mercury in the case in question, it should be recollected that the effects of that mineral must ever differ according to the constitution of the patient. A great deal necessarily depends on idiosyncracy; and thus, persons had been subjected to the active operation of ipecacuhna from the mere smelling of it.

The adjourned discussion on opium was then resumed.—A GENTLEMAN observed, that opium was a far more diffusible stimulus than alcohol. He had long since been subject to periodical head-aches, and was in the constant habit of resorting to opium for relief. In the dose of three grains, it produced the desired effect, throwing him, not into a dead sleep, but into a happy state of tranquillity and repose. He did not think that the narcotic power of the drug lay in the morphine, and the stimulant in the narcotic, as had by some been maintained. The line of distinction could not, with any degree of certainty, be drawn. He had found that opium, taken in the solid form, did not act in the same manner upon all persons; and mentioned in corroboration the cases of two women, one of whom had died emaciated, and the other apoplectic, after a protracted indulgence in it.—Dr. A. T. THOMSON expressed it as his decided opinion that alcohol was more prejudicial to health, and more likely to shorten life, than opium. It should be observed, in the first place, that every substance that is stimulant must also, more or less, partake of a narcotic nature. The stimulant effect may be, and indeed generally is, that which is the first produced; but the sedative effect is sure to follow, and sometimes too the characteristics of an anodyne are exhibited. Thus, brandy-and-water, a powerful stimulant, has been given to allay pain; its action, in this case, being topical on the vessels with which it comes in contact, as in gout in the stomach. Opium itself, so long as the impulse of its primary operation continues, is stimulant; then it is soothing and anodyne; and lastly sedative. Dr. John Brown, who was a great opium eater, when preparing for the press the work which has contributed to render his name so celebrated, resolved not to relax until he had entirely completed his task; and accordingly he laboured for several successive days and nights—three if we recollect rightly—without indulging in sleep at all, without enjoying the repose it affords even for one moment. And how was he enabled to do this?—by taking a fresh dose of opium immediately as the effects of the previous one had subsided, and so keeping up its stimulant action on the nervous system. As an antiperiodic, opium has been employed with great advantage; indeed, Dr. O'Shaughnessy has proved that the hydrochlorate of narcotine is even a more powerful tonic and antiperiodic than cinchona; and this explains why opium, in the solid form, containing an excess of narcotine, is more immediately effective than the extract. It is the high excitement that opium produces that gives rise to its sedative effects. To go a little further, it might almost be said, that in proportion to its stimulant will be its soporific influence. Opium and alcohol, although in so far as that they are primarily stimulant there appears to be some analogy, are yet totally distinct. Nay, the stimulus of each is differently exerted; for whereas in cases of death from ardent spirits there is excessive inflammatory action of the cerebral membranes, of the stomach, and other vital organs, such action is not at all observable in the opium-eater; it is the nervous system which in him is principally affected. Opium impedes the circulation, diminishes the secretions, and impairs all the animal functions in a striking

degree; and whether or not it be, on the whole, productive of greater injury to society than spirits, it is certain that those who addict themselves to it become inevitably ruined both in mind and body. He (Dr. T.) had seen Mr. De Quincey and other opium-eaters, and, however strange the comparison, they appeared to him just like men made of parchment. Mummified, dried up, and emaciated, they were the very spectres of humanity. There was no doubt that opium shortened life, and it behoved the insurance companies to lose no time in giving the subject their attentive consideration. Dr. T. here mentioned the case of a woman, an inveterate laudanum drinker, whom he had succeeded in ridding of her pernicious habit, on the same principle that Cullen once cured a Highlander of drinking whiskey; namely, by copious dilution. The woman, however, some time after losing a son at Algiers, retook to her former practice. In conclusion Dr. T. observed, there was no doubt that opium and alcohol both tended to shorten life; but the latter did so a great deal sooner, by inducing organic diseases of a most aggravated form.—Mr. RODERICK having inquired of Dr. Thomson whether he could explain why the pupils, after death from opium eating, are generally, if not always, contracted, that gentleman replied that if Mr. R.'s statement were true, it was a pathological fact quite new to him.—Dr. CHOWNE suggested, that it would be extremely interesting to procure statistical tables, exhibiting the *specific effects* of opium on the constitution. Strange to stay, we have hitherto had no records, attested by figures, of its effects on the characters and morals of those nations where it is eaten or smoked; for its action is not alike in all countries. Dr. Christison is the only medical author who has given us any elaborate statistical information on the subject. There was another broad question, viz., what are the diseases from which the habitual use of it confers an immunity? Those arising from what is termed taking cold are one and an important class; and it is a curious fact that opium-eaters have uniformly agreed in saying that they never were subject to colds, coughs, or asthmas. The mischief produced by spirits was far greater than by opium; it was impossible that the baneful effect of the former upon the social feelings could be exceeded. Still, he (Dr. C.) much regretted that it should go abroad that the consumption of opium advanced in the ratio of the decrease of ardent drinks; for such would tend inconceivably to dampen the exertions of certain philanthropic men, who ought rather to be countenanced and encouraged.—Mr. DOWNING reiterated the principal of his former statements, and briefly replied to such objections as had been raised against them. He then proceeded to read portions of several letters he had received from chemists and druggists, in answer to inquiries he had sent them with a view to ascertain, as far as possible, the extent of the increased consumption of opium. They all appeared very reluctant to give full and satisfactory statements, lest their business should suffer in consequence; but what could be gleaned from them established in the main the principal fact.—A little conversation here arose as to whether opium, in reality, differed in its action on different persons and in different countries; Mr. DOWNING, Dr. CHOWNE, and Dr. STONE contending that it did. The latter gentleman mentioned, by the way, that the Ettrick Shepherd once asked De Quincey, in his hearing, whether, supposing he were to take opium, it would produce the same rapturous dreams it excited in him; to which De Quincey replied, "those who see cattle will dream of cattle."—Dr. THOMSON thought the action of opium depended entirely upon the organization of the individual. Thus, the Malays, when under its influence—and it is seldom they are not—become extremely frantic, doing what is elegantly expressed as "running a muck;" whilst the Assay gold-finers, residing on the same island, and subject to the same conditions of temperature, are, notwithstanding their constant use of opium, notoriously vigorous, powerful, and sober workmen. It was no argument in favour of opium that certain eaters of it have lived long and retained their mental powers. Lord Eldon, Sir William Grant, and Mr. Const, each drank his three or four bottles of port wine daily, they were therefore said to have had a *conservative constitution* against the effects of wine, as the opium-eaters in question must also have had against opium. He had made careful inquiries, and had found that the consumption of opium was increasing among the working classes to a frightful extent; and he agreed that statistical documents were absolutely necessary, if it should ever be required, to prove the pernicious effects which result from it in a court of justice. In fine, indulgence in opium not only tended to shorten life and destroy health (whether to a greater or less extent than spirits was not now the question), but, what was still worse, as it affected all that was good and virtuous in woman, it acted as an aphrodisiac, and subverted all morality.

DOES CIVILIZATION INCREASE INSANITY?

THE memoir, from which the following observations are derived, was read at the Royal Academy of Sciences, by M. Brierre de Boismont.

It is, says he, a sad and painful spectacle to the philosopher, to find that mental alienation keeps pace with the development of the intellect, grows with its growth, and threatens its overthrow just in proportion as it becomes most brilliant and exalted. If we were in need of proofs in support of this remark, unhappily the most distinguished names in literature, science, and politics, would flow in numbers from our pen.

That moral causes are much more influential in producing insanity than physical ones, has been most indisputably proved by M. Esquirol, in his recent admirable work on "Des Maladies Mentales." Of 1049 insane patients admitted into the Bicetre Hospital from 1806 to 1813, 114 had become so from misfortune, 99 from grief, 78 from ambition, 58 from *vives revolutions d'esprit*, 55 from religion, 37 from disappointed love, 24 from the excitement of political events, 20 from too great severity of restraint, and 49 from excess of mental application. Here, indeed, the proportion as to numbers from mental and from physical causes is nearly the same; but in another place of his work, Caspar (who has published the preceding statement in his Characteristik der Franz. Medicin) adds, that of 1631 cases of alienation received into the Saltpetrière Hospital, 919 could be traced to mental and 712 to physical causes. M. Esquirol mentions, that of 276 patients who have been treated in his *Maison de Santé*, in 169 the disorder was attributable to mental or moral, and in 107 to physical, disturbances. M. Pinel was of opinion, that the proportion as to frequency of the former to the latter might be estimated as two to one; and the inquiries which we recently made in the lunatic establishments at Geneva lead to a similar conclusion. The most frequent physical causes seems to be, abuse of spirituous liquors, accidents and injuries of the head, certain fevers, epilepsy, &c. Of the moral causes, none are so influential as violence and irregularity of the passions. Sometimes it is self-love that is in excess, or vanity, or ambition, or pride; at other times it is jealousy, or love, or fanaticism. Reverses of fortune, grief, the struggle of moral feelings and principles against almost irresistible impulses, disappointment in our projects and hopes, are not less powerful agents. To these we may add the workings of avarice, envy, hatred, and the desire of vengeance; of fear, anxiety, sudden translations from joy to grief, fatigue from protracted watchings, or from intense and prolonged application of the intellect. As examples of the influence of the last-named cause, we may mention the names of Euler, Leibnitz, Kant, Platner, Linnæus, &c.—all of whom became either insane or imbecile towards the close of life. Great and overwhelming political changes almost invariably occasion a great increase of insanity at the time, and soon after their occurrence. There is always, it is to be remembered, a vast number of persons in every community, who, although not actually insane, are so weak in their intellects and so excitable in their feelings, that any sudden public commotion is sufficient to upset the balance of their minds. The cruelties, the tyranny, the proscriptions, the awful prevalence of unbridled and licentious passions, the frequent changes of government during the latter years of the Roman republic and under the sway of the emperors, were fruitful causes of melancholy, despair, and madness. Then the frightful persecutions against the Christians, during the first two or three centuries, contributed greatly to increase the prevalence of insanity. Such indeed is always the result of torturing punishments, when inflicted for religious and political differences of opinion. The imagination becomes heated to a wild enthusiasm, and the dread of suffering and punishment is replaced by a bold and challenging indifference. Again,—the history of the crusades may furnish to the medical philosopher on ample field for tracing the influence of mental excitement, in producing a wide-spread phrenzy among a people, approaching almost to a state of absolute madness. The annals of these extraordinary enterprises are filled, it is well known, with accounts of apparitions of angels and saints, of divine revelations and fabulous exploits. These hallucinations were most conspicuous during the two first crusades: the third lost somewhat of an epical, and acquired more of a romantic, character. The cause of this change can be easily traced. It was then the reign of the troubadours; who, turning the imagination from the enthusiasm of religion to that of love and glory, fostered the growing tendency to *les folies amoureuis et chevaleresques*. Hence erotomania, nymphomania, and various other forms of hysteria, seem to have been unusually common during this period. About the same time, too, arose that wild and ferocious sect of fanatics, who first acquired the appellation of *Assassins*, and who, it would seem, devoted themselves under the most awful and solemn vows to perpetrate the murder of all those who were denounced by their chief, *the old man of the mountain*. According to the researches of M. Langles, these fanatics were in the habit of drinking largely of a beverage, prepared by distillation from the pistils of the hemp, which had the effect of producing intoxication and the most uncontrollable excitement of all their feelings. The eleventh century, so celebrated for the first crusades, was witness of another folly which had some analogy to *tarentism*, or the alleged effects produced by the bite of the tarentula. During the paroxysms, the patients beat and tossed themselves about like madmen, making the most extravagant gestures, leaping and twisting their bodies about, and often wounding both themselves and others very severely. They were considered by many, in these times, as possessed of devils and being under the influence of the evil spirit. A good account is given of them by Hecker, in his memoir on the epidemic chorea of the middle ages. If we remember that, from the 12th to the close of the 14th century, almost every country in Europe was ravaged by the most dreadful epidemics of measles, small-pox, leprosy, St. Anthony's fire, and the plague, we shall probably be able to explain, in some degree at least, the causes of those singular diseases of the nervous system, which attracted at this period so much attention under the names of St. Vitus', St. John's, and St. Guy's dance. During the fit of dancing, which with some lasted for hours at a time, the persons seemed to be quite unconscious of any outward impression, and screamed and shouted in the most horrid manner. Some said that they thought they were plunged in a stream of blood, and that it was to extricate

themselves from this horrible dilemma that they kept leaping and jumping so high. Others said that they saw the heavens open and the Saviour and Holy Virgin seated upon their thrones, beckoning unto them. This phrenzy gradually spread over numerous districts of France, Germany, and the Low Countries. Peasants left their ploughs, workmen their trades, and even mothers their homes and children, to join these bands of maniacs, wherever they appeared. During the fifteenth century, a variety of means were resorted to in the hope of exorcising the malady; music was considered one of the most effectual. In the next century it gradually decreased, and passed away. About the same epoch we may place that strange form of insanity, which acquired the name of *tarentisme*. The persons so affected, whether they had indeed been bitten by a tarentula, or whether they merely supposed that they had been, fell, we are told, into a state of melancholy, and seemed to lose the use of their reason, as if they were oppressed by the abuse of some strong drink. Some were constantly in tears, while some were tormented with amorous delirium, and others actually died in paroxysms of laughter. The fifteenth and sixteenth centuries are characterized by a most extravagant belief in magic and witchcraft. It is the epoch, so to speak, of magicians, of sorcerers, of demono-maniacs, exorcists, and inquisitors. Thousands of miserable creatures expiated, in flames and other modes of frightful torment, the misfortune of having lost their reason. The belief in witchcraft may be traced to that very prevailing idea that there are spiritual essences or angelic forms, intermediate between earth and heaven; some of these being of a good and others of a malicious and wicked nature. It was to a direct communication with these latter that most of the operations of the *black art* were ascribed. It is a melancholy reflection, which the history of this epoch forces upon the mind, that the very persecution of these and other such absurdities seemed to increase their prevalence and prolong their duration. From about the year 1484, when the belief in magic began to play an important part in the affairs of Europe, and during upwards of two centuries, we read of frequent and most horrible state murders. No sooner was the work, the "Malleus Malificorum,"—a theological and juridical commentary on the crimes of witchcraft—made known, than the number of those madmen, who pretended to exercise the art, rapidly increased in almost every country! Del Rio mentions that 500 persons were condemned to death at Geneva in three months of the year 1515. Upwards of a thousand perished in one year in the diocese of Como; and, on an average, a hundred were executed there annually. In France the number of executions is scarcely credible. We read of 1200 persons being accused of dealing with forbidden things at one time; and the records of the parliaments of Bourdeaux, Paris, and Rouen, are filled with accounts of such trials. Germany too, as indeed might be expected, exhibited an equally lamentable picture of human credulity and persecution. At Wurtzburg, in 1627, during a space of two months and a half, there were twenty-nine successive *auto-da-fes;* on which occasions 157 persons, accused of witchcraft, were burnt at the stake. It is estimated that during the two years from 1627 to 1629, nearly 10,000 persons were condemned to death in Germany for witchcraft and sorcery. The moral effect of these atrocities was actually to aggravate the very evil that they were madly instituted to check. Many of the victims, while boasting of having had sexual intercourse with Satan and his followers, did not hesitate to avow the justice of their condemnation! This however was not always the case; for often it was only under the torture of the rack that such confessions were extorted. The commencement of the eighteenth century was marked by a singular form of epidemic madness in Hungary, Silesia, &c., which acquired the name of *vampirism*. The subjects of this strange delusion believed that the soul of their enemy after his death could appear to them, and inflict various acts of vengeance, such as strangling them, sucking their blood, &c. We are told that many of the victims of this delusion died from the mere effects of terror, and that the magistrates and public authorities of different places actually caused the graves of the suspected criminals to be opened, and their bodies to be burned by the common hangman. The first appearance of the *convulsionaries* in France was also in the eighteenth century. These fanatics were seized with violent convulsive and cataleptic paroxysms, during which they tossed and rolled themselves about on the ground, shaking their heads and limbs in the most fantastic manner. They all exhibited an air of exalted and mystic devotion, various forms of hysterical passion, and a state of nervous excitement, which very often terminated in insanity or homicidal monomania. Such have been some of the remarkable forms of phrenzy arising from religious feelings. We have now to consider the influence of another set of feelings, which have subsequently—more especially of late years—taken the place of the former, and have been quite as influential as their predecessors—we allude to the enthusiasm of political opinions. M. Boismont remarks, that "England, by its revolution of 1688, gave the signal of new disorders in the mental and moral world." The frightful increase of insanity in France, for several years after the revolution of 1792, has been so frequently alluded to, that it is not necessary to enlarge upon the subject. The horrors and atrocities of this period being followed by the grinding tyranny of military despotism, the cause of mental alienation may be said to have changed from the overwhelming grief of the preceding period to a sense of oppressive fear and dread. The two great national reverses also—the retreat from Moscow, and the entrance of the Allied troops into Paris—of the latter years of the empire, were fruitful sources of insanity. Then followed the restoration of the Bourbon dynasty, with the political condemnation of numerous individuals, and the sudden exaltation of others, giving rise to all the violent excitement of grief, fear, hatred, joy, and hope. For fifteen years after this period, there was found to be a marked increase in the number of the insane in France. Since that period, the revolution of July, and the invasion of the epidemic cholera, were both observed to be followed by a similar increase. M. Boismont concludes his remarks by alluding to the national features and causes of insanity in different countries. In treating of these applicable to England, he points especially to the numerous marriages of expediency (by which mental as well as physical irregularities are propagated); to the excess of mercantile speculation by which every six or eight years a national crisis or panic is induced; to the vehemence of political feeling and the *agitations d'une liberté tres-large*, to the innate national pride of the people, the indolence arising from wealth and luxury, the abuse of spirituous liquors, and lastly, to the numerous religious sects, which are supposed to amount to nearly 3000. (Surely this is a most exaggerated statement.) Pinel had previously shown how much the diffusion of Methodism has contributed to increase the prevalence of insanity in England. The same remark is, in the present day, perhaps more justly applicable to America than to Great Britain. The numberless sects of religionists in the former country, and the senseless, nay impious, acts of alleged devotion which they practise, must necessarily have a powerful effect in unhinging the minds of weak and credulous people. It is really doubtful, whether an uncontrolled and irresponsible license of religious feeling is not quite as bad for a community as the bigoted intolerance of a dominant church.

ADVERTISEMENTS.

MEDICAL AGENCY OFFICE, 8, Craven Street, Strand.—Dr. REES begs to acquaint the profession that he continues to negotiate the disposal and purchase of Medical Practices; the greatest confidence can be placed in Dr. Rees. Medical Men supplied with Assistants in all degrees gratuitously. All letters Post Paid.

Office Hours from 10 till 4.

TO PARENTS.—A LECTURER at one of the METROPOLITAN SCHOOLS has a Vacancy for a Young Gentleman as pupil, who will have the privilege of attending all his Lectures, &c., during his pupilage. For further Particulars, apply, by letter, post paid, M.D., 421, Oxford Street.

Just Publishing, Price 3s. 6d., extra Cloth Boards,

THE ETIQUETTE of the MEDICAL PROFESSION. By ABRAHAM BANKS, Surgeon, K.D.S., &c.

"We thank him for his book, for it will draw attention to an important subject."—*Medical Gazette.*

"Here we must conclude, recommending Mr. Banks's little book for its high tone of honour, and rigid cast of morality. It would be well for the profession were its precepts laid to heart, strictly acted on."—*Medico-Chirurgical Review*, January 1840.

Charles Fox, 67, Paternoster Row.

A. F. HEMMING, 341, STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Kinated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

OSTEOLOGICAL REPOSITORY,
45, Museum Street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select Assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Henchène.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40*l.*
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45, Museum Street, Bloomsbury.

Just Published, the Second Edition of No. 1 of

MR. DERMOTT'S ILLUSTRATIONS of the ARTERIES, containing THREE PLATES with OUTLINE DRAWINGS, illustrative of the Parts concerned in the Operation for taking up the Carotid and the Subclavian Artery for Axillary Aneurism.—No. 2, containing Plates II. III. and IV., referring to the Anatomy of the Axilla.—No. 3, containing Plate V. &c. supplementary to No. 2, on the Axilla: Plates VI. Dissections 1, 2, 3 and 4; and VII. Dissections 1 and 2; comprising the Anatomy of Arm, Fore-arm, Head of the Fore-arm and Hand. The Plates are of the natural size, and highly coloured, accompanied with copious descriptive references. The accuracy of these Plates has been substantiated by numerous Dissections which have been made under Mr. Dermott's immediate inspection.

London: Thomas Hill, Windmill Street, Hay-market, and all Medical Booksellers.

BRETT'S SAMPLE HAMPERS, 21s. each—

The WINE HAMPERS, this year, contain Eight Bottles of Choice Foreign Wines, viz.: two of Port, two of Sherry, two of Marsala, two of Cape Madeira, with general Lists of Prices.

The SPIRIT HAMPERS contain two bottles of Cream Gin, two of old Jamaica Rum, and two of Brett's Improved Cognac, with two Pint Bottles of the Liqueur Ginger Brandy, as recommended by the Faculty.

Specimens of either kind of BRANDY, in sealed pint or quart bottles, 2s. and 3s. 6d. each; or any number of gallons will be forwarded at 18s. per gallon.

Country remittances may be effected by means of Post-office money orders, at the cost of sixpence and a single letter.

HENRY BRETT & Co., Old Furnivals' Inn, Holborn.

GOLD LABELS.—A NEW SET, ENGRAVED IN EGYPTIAN LETTER FOR BOTTLES, DRAWERS, &c.

H. SILVERLOCK begs to inform his Friends that these LABELS are now ready, and that Catalogues with a sketch of the Sizes and Pattern may be had on application at 3, Wardrobe Terrace, through any of the wholesale chemists, or per Post. This splendid Set of Labels, the most extensive and complete ever published, contains seven sizes, for Bottles, from the smallest size in use to the largest; also Three Sizes Straight Labels for Drawers, and Three Sizes Straight Labels with Ornamental Ends for Drawers. The Prices vary according to the sizes, from 3s. per dozen. Address "H. SILVERLOCK, Medical Printing Office and Label Warehouse, Wardrobe Terrace, Doctors' Commons," where may be had every description of LABELS ready GUMMED and CUT, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c., also Fancy Labels, in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in Three Sizes, with the new names, according to the last Pharmacopœia. Sold in Sheets or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	3s. 6d.
Large	1s. 6d.	3s. 6d.

In Books, Green or Yellow.	£ s. d.
Small Size, containing 1,036 Labels	0 17 0
Middle Size, " 1,139 "	1 5 0
Large Size, " 883 "	1 14 0
The Three Sizes in One Book, containing 3,058 Labels	3 10 0

CATALOGUES GRATIS.
Engraving and Printing of every Description.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 18. Vol. 1. LONDON, SATURDAY, JANUARY 25, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SIR ASTLEY PASTON COOPER.

After examining the intrigues of the mean and petty-minded, and exhibiting to the scrutiny and condemnation of public opinion the wretched and dishonest artifices which place improper persons in prominent medical offices, it is a grateful change to sketch the portrait of a man whose character excites our admiration, and whose talents—nay, genius in his branch of science—commands our willing respect.

Sir Astley was the fourth son of a clergyman in a sea-port town, Yarmouth, and a countryman therefore of Crabbe, whose life—like pictures of those truly English spots, have rendered the whole of that part of our coast familiar to every lover of our poetical literature. The father of the future ornament of surgical science was a highly respectable man, and some of the older inhabitants still recollect the Rev. Doctor Cooper with feelings of kindly respect. Astley's mother was a woman of much talent, used her pen with some skill, and was the authoress of several respectable productions. He was born in August, 1768, and consequently is now in his seventy-second year—a ripe and venerable age. In his boyhood he is reported to have possessed that essential requisite for all great things, a bold and enterprising spirit; but as those who achieve eminence in any pursuit are generally invested by parasitic biographers with every quality which may be regarded as desirable, we shall refrain from giving currency to any of the wonderful stories which, from Glendower to Greenacre—nay, from Homer to Joey Hume—have been fathered upon every creature whom the gods made either renowned or notorious. Leaving out this garbage, we pass at once to Sir Astley's days of pupilage, which, after he had passed the usual routine of study in the profound mysteries of wielding pestles and biting corks, at first in the service of a Mr. Turner, an apothecary of Norwich, began in earnest at the Borough hospitals, under Mr. William Cooper, his uncle, one of the surgeons of Guy's Hospital, and subsequently under Mr. Cline, of St. Thomas's. In the fine field which these hospitals afford, the young surgeon applied *con amore* to the study of his profession, and was especially remarkable for the diligence and assiduity with which he pursued the labours of the dissecting-room. This attention met with its reward in the attainment of a sound knowledge of the human frame, without which diagnosis and treatment must be equally uncertain. Before he was twenty he went to Edinburgh, distinguishing himself as a promising surgeon at the societies there, and on his return was appointed by his master, Mr. Cline, to the post of demonstrator of anatomy at St. Thomas's, and soon after he was allowed to deliver a portion of the anatomical lectures. Sir Astley's appointment was one of those which occasionally take place under the present vicious system, where talent and family influence are combined in the same individual. His interest procured him the post which his talents were destined to decorate; and had his relative possessed less influence, it is far from improbable that his researches and discoveries would have been lost to mankind. Had he been a pennyless and friendless aspirant to the high places in his profession—had he trusted for advancement merely to his talents and natural aptitude for anatomical pursuits, long years must have elapsed before he would have found the opportunity for evincing his skill; and it is possible that with the retiring feeling of neglected genius, the future president of his college, and glory of his fellow-countrymen, might, from the influence of a vicious system, have been driven to some country village to fulfil the honourable and useful, but unobtrusive and inglorious, duties of a general practitioner.

Once installed in office, he fulfilled his duties with the unflinching perseverance that exhibited the pleasure with which they were performed, and shortly after his commencement he gained the consent of the surgeons of St. Thomas's to deliver lectures on surgery as a distinct course;—surgery having previously been treated in conjunction with anatomy. This laid the first stone of his fortune. The class which numbered at first only fifty students swelled to four hundred; and as his object in lecturing was to render himself intelligible and clear to all his hearers, he quickly became an excellent lecturer. Information, simply and broadly expressed, was his object, and he never rendered himself obscure in the attempt to be rhetorical. He began lecturing in 1791, the year in which his apprenticeship expired, and a few months after entered into other bonds by committing the *virtuous indiscretion* of marrying young. At this interesting period we may leave him for the present, as it is impossible to take even a hasty glance at his subsequent brilliant career and valuable contributions to surgical science, in the space allotted to a single paper.

Medicine in Egypt.—We learn that Mehemet Ali has ordered most of the native medical practitioners to be stationed in the interior, and those who have been educated in European states alone to remain at Alexandria and on the coast: the motive alleged for this is, strange to say, to prevent disputes and rivalry between the two classes.

At the first meeting for this year of the Middlesex Hospital Medical Society, held Jan. 15, 1840, Mr. H. M. Rowdon read a paper on the nature of bronchitis. Several remarks followed on the causes and treatment of this disease, which not only reflect credit on the school, but show how serviceable such institutions might be if followed out with spirit.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

SYMPATHETIC EFFECTS OF LOCAL INJURIES—RIGORS—TETANUS, ITS DIVISIONS, SYMPTOMS, PATHOLOGY, AND TREATMENT.

Local injury, gentlemen, often produces an immediate sympathetic disturbance of the stomach, the heart, or the nervous system. Thus it happens that wounds are accompanied, in many instances, with nausea, sickness, and vomiting; with a state of depression of the pulse, proceeding even to syncope; with coldness and paleness; with agitation, anxiety, and alarm. Not uncommonly, such injuries are attended with rigors, and this is a circumstance which happens on other occasions, if a serious impression is made upon the animal economy; the commencement of local inflammation is very commonly ushered in with the same symptom, and it frequently attends the formation of matter. I do not know that we can explain very clearly the mode in which this particular symptom arises, or point out exactly that part of the system to which its occurrence is to be referred. It seems, however, that the muscular system is the part more immediately concerned in rigors.

A serious affection of the muscular system, under the name of TETANUS, is observed as a remote consequence of local injury. The word tetanus, which is of Greek origin, means tension, or contraction. Tetanus may be defined to be a state of spasm, or permanent contraction of some part, or of the whole of the system of the voluntary muscles. When we say *permanent* contraction, this must be understood with some limitation. The state of the voluntary muscles in a patient labouring under tetanus is generally that of spasm or continued contraction; but there are occasional paroxysms of convulsions, and occasionally partial intermissions in the contraction of the muscles, and during sleep they are in general pretty completely relaxed, so that we cannot say that the voluntary muscles are permanently contracted through the whole of the affection. The state, however, may be called permanent contraction, when it is compared with convulsive affections.

Tetanus may be either partial or general. When the muscles of the jaw alone are affected, the case is called *trismus*, or, in popular language, *locked jaw*. Tetanus is either *idiopathic*—that is, it is produced by internal causes, or seems to arise, in common language, spontaneously; or it is the result of a wound, in which case it is called *sympathetic* or *traumatic*. The progress of the affection differs in the degree of its rapidity in different instances; hence it is farther divided into *acute* and *chronic*. The consideration of *idiopathic* tetanus belongs to the physician; I have therefore only to speak of that form of the affection which occurs in consequence of a wound or injury.—*Traumatic* tetanus is observed to arise more particularly in consequence of wounds of the extremities, occurring very rarely, if at all, in consequence of wounds of the head, neck, or trunk of the body. It is produced more particularly in consequence of contused, lacerated, or punctured wounds; and it has been supposed to arise more especially from wounds that are attended with injury, such as division, laceration, or puncture of nerves. The truth is, that all wounds which take place in the soft parts of the body are accompanied with more or less injury of some nerves, so that you cannot have a wound in a soft part without that circumstance. I am not aware that there is any direct evidence to show that injury of nerves is more likely to produce tetanus than wounds of the soft parts independently of such particular nerves. It has been stated that tetanus may arise from the nerves being included with arteries in ligatures after amputations, and other ope-

rations. I rather think this is a kind of imaginary consequence. It happens frequently that the nerves are tied with arteries in ligatures that are applied after operation; but the occurrence of tetanus, in these climes, after an operation, is very rare.—Tetanus will occur in all states or stages of a wound. It may happen when the wound is in an inflamed or in a sloughing state—it may also happen when the wound is going on very favourably towards healing, or when healing has considerably advanced. It may take place in consequence of all descriptions of wounds, both serious and trivial, as well incised as punctured, and lacerated; occurs in all the various stages of such wounds; it is not an immediate consequence of such injuries, but comes on some days after the occurrence of the wounds—often a considerable number of days afterwards. Perhaps from five to fifteen days may be stated as the ordinary limit. If the patient has no attack of this kind for the space of three weeks, that is, twenty-one or twenty-two days after the occurrence of the accident, he may be considered safe and free from all danger of tetanus. Tetanus occurs more frequently in hot climates than in those which are temperate; and in its idiopathic form it is quite uncommon in these climes, although it is very frequent in other quarters of the globe.

The affection in the first place shows itself in the muscles of the jaw, and those concerned in deglutition: the patient finds a stiffness in the movement of the jaw—he experiences uneasiness in swallowing, and soon finds that he has difficulty in separating the teeth for the admission of food into the mouth. About the same period a pain begins to be felt behind the sternum, and this pain extends from the pit of the stomach towards the vertebral column behind. The muscles at the back of the neck then begin to be affected with spasm, and subsequently those of the back generally. Then the muscles of the abdomen are affected, and the belly becomes as hard as a board; next the muscles of the limbs; and, lastly, those of the face. When the muscles of the face are affected with tetanic spasms, the features are drawn, independently of the will of the patient, into peculiar forms, and very frequently a kind of grin is produced by their action, which has been called by old writers *risus sardonicus*. It is a kind of movement of the features into the position they assume in grinning or laughing; but it is merely consequent on the spasmodic affections of the muscles of the face, so that there is the appearance of laughter independently of the state of mind that should accompany it. There is something very unpleasant in the effect produced under such circumstances.—I have mentioned that the state of the muscles affected in tetanus is generally that of spasm. Cullen calls this state of the muscles "spastic rigidity;" but there are frequent attacks of a convulsive nature, which are excessively painful to the patient. Indeed you can estimate the suffering he experiences under this affection, when you call to mind how severe a pain is experienced by a slight cramp of the muscles of the leg. The patient labouring under tetanus has *universal* cramp; the sufferings, therefore, are excessive. The affection of the muscles in any part in which it comes on is at first not the highest degree of contraction, but they become more and more rigid in proportion as the affection advances. In the first instance, for example, the jaw is not immediately confined—the patient possesses some power of opening his mouth; but as the disease proceeds, the muscles of the jaw becomes so rigid that great difficulty is experienced in introducing food or medicine into the mouth, and sometimes it is necessary to take out a tooth, or teeth, to accomplish this purpose. The same may be observed with regard to the muscles of the neck and spine: when the spasm and tension are carried to the utmost degree, the trunk of the body is forcibly extended, and the body rests just upon the shoulders and pelvis, so that you can put your hand under the spine. The body is bent backwards in consequence of the superior power of the extensor muscles of the spine. Now the disease has arrived at the highest pitch. You have this state of permanent tension or spasmodic rigidity produced in the whole of the voluntary muscles of the trunk, of the abdomen, of the limbs, and those of the face—they are all in a state of rigid contraction, and the pain to the patient is excessive.—The *intellectual* functions are not impaired in tetanus.

The *pathology* of tetanus is rather obscure. The spasm or the convulsion of the voluntary muscles leads us to inquire into the state of the spinal cord, from which the nerves supplying these muscles are derived. This has of late been attentively examined in many cases of tetanus, and some appearances of disease have frequently been described as found in it; but I cannot say that these appearances are sufficiently clear or definite in their nature to lead to any satisfactory explanation upon the subject. In some instances small thin plates of osseous matter have been found in the arachnoid membrane of the spinal cord; but we can hardly suppose this to have been produced within the time in which tetanus has occurred. If any particular state of the spinal cord cause this affection, we should then wish to know how such disturbance of the spinal cord is produced. What is the circumstance which occasions the derangement in that part of the nervous system? Here we are at a loss—we are not able to point out with any degree of clearness the particular mode in which the derangement of the spinal cord, if it does take place, is effected; nor can we, as far as our examinations have hitherto gone, show in any definite way a specific derangement of the part. It has been found that a state of costiveness precedes the development of tetanic symptoms; and Mr. Abernethy made this a particular subject of inquiry, and pointed out this question as one that should be borne in mind in a pathological view of the subject—that is to say, what is the condition of the digestive organs of the patient prior to the occurrence of the tetanic symptoms; between the receipt of the injury and the development of the disease? The feeling in my own mind is, that the injury in the first place produces derangement in the digestive organs; that the deranged condition of the digestive organs disturb the spinal cord, and perhaps the rest of the nervous system; and that this disturbance produces that state of the muscular system which constitutes tetanus. This seems a rational and probable conjecture as to the mode in which the affection is produced. We must observe, however, that this point of pathology is by no means made out; so that the elucidation of the mode in which tetanus occurs, and the actual and direct nature of the disease, are points that remain for future inquiry.

The *prognosis* is always very serious in tetanus: it is much less so in idiopathic than in sympathetic tetanus. In many cases idiopathic tetanus is cured; but as it is our province to treat sympathetic tetanus—that which arises from wounds—it is to little purpose to enumerate the instances in which the idiopathic form of the disease has been cured; and we find that the means employed for it do not produce the same beneficial influence in cases of traumatic tetanus. The more *acute* the character of the affection is, the greater is the danger of the patient; the more *chronic* the character of the complaint, the greater chance there is that the patient will get over it.

In the *treatment* of tetanus the first inquiry that presents itself is, that inasmuch as tetanic symptoms are the consequence of a local cause—that is, of a wound in some part or other—will the removal of the cause put a stop to the symptoms? In other words, will the amputation of any portion of the extremities—a finger, a thumb, or any other member—in a case where a certain condition of the wound has produced tetanus, arrest the symptoms, and put a stop to the complaint? I believe we may say pretty positively it will have no such effect. In the treatment of tetanus, you find that very different modes of proceeding are recommended—modes of proceeding so different as to show that hitherto no clear principle of treating it has been discovered. The state of spasm of the voluntary muscles has naturally led to the employment of anti-spasmodic remedies, and especially that most powerful one, opium; and we see generally that the treatment of tetanus turns on the exhibition of opium in large doses. Opium will not produce the same effect on a patient labouring under tetanus as in a state of health, or as in other diseases. The disturbance which exists in the economy at the time renders the patient very unsusceptible of the operation of anti-spasmodics, so that, given in immense doses, they produce very little effect. Dr. Babington gave 180 grains of opium in eleven hours, and an ounce of tincture of opium in twenty-four hours. If you look at the cases of idiopathic tetanus, you find abundant instances in which the free use of opium has been said to cure the case; but it has not the same beneficial result in sympathetic tetanus. Blood-letting has been resorted to in tetanus, particularly in the early stages. Patients have been bled largely, and in many cases the appearance of the blood, when drawn, seems to justify the affirmation that it is buffed and cupped; and this circumstance, in conjunction with the state of the pulse, certainly shows that blood-letting may perhaps be an useful auxiliary remedy, although, considered alone, it is not capable of accomplishing the purposes we have in view.—Mercury has been employed freely, so as to produce salivation. Large quantities of mercurial ointment have been rubbed in, so as to bring on salivation within a short time. This, however, fails of curing the affection; indeed there are some instances in which tetanus has come on when the patients were under salivation at the time.—The powerfully relaxing, or depressive effect which tobacco exercises over the nerves and the muscular system, has led to the employment of it in the form of clysters. Musk, camphor, and ether, have been exhibited in large doses; in fact all in such doses as are supposed to exert a power over the muscular and nervous system. Bark, wine, tonics, and stimuli of all kinds, have been given very freely.—If we were, then, merely to look over the recorded cases of tetanus, observe the means that have been employed, and notice the effects that have taken place under the action of those means, we should feel totally at a loss for any principle to guide us in the treatment of this affection. It appears to me, that the most successful treatment of tetanus has been that of the employment of active aperients, in alternation with the exhibition of anti-spasmodics—particularly opium; and that those cases have done best in which powerful opening medicines have been administered from time to time, so as to affect the bowels and keep up an action on the alimentary canal, in order to remedy that state of costiveness which we find at the commencement of the disease, and to prevent its recurrence, and in which at the same time anti-spasmodics have been employed to mitigate the severity of the spasm. In many instances a successful result has been procured by acting steadily on this plan. The three points of treatment, therefore, on which I place reliance myself, are—first, the employment of venesection in the early stage of the affection, until the symptoms of general fulness of the vascular system are removed; secondly, the free exhibition of aperient medicines, so as to remove the costiveness; and, thirdly, the employment of opium, for the purpose of lessening and controlling the very painful spasms.

About three or four years ago, I was called to a case of tetanus in a subject, and under circumstances where there was imminent danger, and where the plan of treatment that I have just mentioned was completely successful, although the case at first view seemed a very unpromising one. It was that of a gentleman about fifty years of age, a very robust man, of full habit, accustomed to free living; a man of very active turn of mind, and who had various and important business on his hands. He was pursuing his avocations in a very active way at the time he met with the accident that led to the attack of tetanus, which occurred in the very hottest time of the year. He was riding, and his horse fell and threw him. He was pitched forwards, and his face came on the ground, so that he grazed the dorsum of his nose. He was riding on a gravelly road, and some of the gravel scraped off the skin from his nose, so as to make a slight wound on it. That was the only actual wound that he received. He thought so little of the accident that he did not discontinue his ordinary pursuits, nor change his usual mode of living—which was rather free. I do not know that he did more than put a bit of brown paper on his nose, the wound of which had just gone through the skin, and was very slight. At the end of about

ten days, when the wound seemed just on the point of getting well, on sitting down to the table having asked some friends to dine with him) he felt that he could not move his jaws very freely. He had some difficulty in masticating, and also some in swallowing his food. He was induced, by the importunity of his relations, rather than by his own feelings, to send for a medical person, who took a little blood from the arm, and gave him some opening medicine. He was worse the next day, and I was consequently sent for to see him. At this time the symptoms of tetanus were very manifest: spasmodic contraction of the muscles of the jaw—so much difficulty of deglutition that he could not swallow ordinary food—and pain behind the sternum, extending through to the spine. His pulse was very full and strong—his bowels tolerably open, he having been bled, and taken opening medicine the day before. I told him he must go to bed, for he was then sitting up. He was bled largely, and I prescribed some active opening medicine for him. The blood taken was found the following day to be buffed and cupped; the opening medicine had acted powerfully, and he was better. I prescribed a repetition of the venesection, and of the active aperients, being desirous of producing still further action on the alimentary canal. He took a pretty large dose of calomel and jalap, and that was followed up with a draft of the infusion of senna with salts. On this occasion, however, the medicine produced no effect. As he lived a few miles from town I did not see him, and the medical gentleman gave him a quantity of castor oil, which did not act; he then repeated the active aperient medicines, and likewise gave him a clyster. By the time I saw him—which was next day—these means had had no effect upon his bowels. The neck and back had begun to be affected; I therefore directed immediately the administration of croton oil. He took a single drop of this in a teaspoonful of gruel. In an hour such an immense action was produced upon his bowels, and he discharged such a quantity of matter of various kinds as altogether astonished him and all those about him. His attendants seemed to be at a loss to describe the quantity. He filled the close-stool pan so that it ran over. (A laugh.) The abundance of the evacuation that took place from the bowels was such as he himself had never before witnessed. This was followed by considerable relief of all the symptoms, but still the complaint went on. In fact, it proceeded to the full development of tetanus over the whole of the body. The treatment of the case from this time consisted in the regular administration every day of croton oil, so as to insure a free action upon the bowels. In the first instance a single drop produced this effect, but after some time it was necessary to give him a drop and a half. The evacuations that were produced by this medicine were very copious indeed, and it was observed by the medical gentleman in attendance that "we had got the secret in reference to tetanus." The muscles that before were rigidly contracted became entirely relaxed. The patient experienced weakness from the bleeding, but acknowledged the full power he possessed over the action of the muscles. I need not detail the further progress of the case; it is enough to say that the tetanic affection proceeded until all parts of the voluntary system were involved and were affected to as high a degree as I ever saw. This gentleman lay frequently for a great length of time, notwithstanding all the means of treatment, with his limbs in a most violent state of spasmodic rigidity, and then he had an attack of convulsions of the most severe and painful kind, so that although he was a man of strong mind and firm resolution, he could not help crying out under them. It was necessary in this case to exhibit opium, in order to control these attacks of spasm. I think the particular benefit of anti-spasmodic treatment, and the free exhibition of powerful medicines in the early stage, was manifest in this instance. The aperient does first, and afterwards the opium, were quite sufficient to control the spasm in this case, although in instances where opium has been trusted to alone, it has failed to produce this effect. A drachm of tincture of opium controlled the spasm, and would suspend the contraction of the muscles for four or six hours, when it was necessary to have recourse to the tincture of opium again, but not to go beyond a drachm. By giving a dose of this kind the great severity of the spasm was at all events obviated, and by the continuance of the two modes of treatment, the exhibition of croton oil and opium, the complaint gradually subsided, and this gentleman completely recovered. I may mention, that the urgency of the danger was so considerable, that some medical persons, who were consulted in the progress of the case, and whose judgments are considered the highest authority, viewed it as completely hopeless. This, therefore, is the plan that I should have recourse to on a future occasion in treating a case of this kind.

SCALDS AND BURNS.

The application of *heat* to the human body will produce, according to its degree, either slight or more considerable inflammation, with vesicles and other consequences, or complete disorganization of the part. The injury that is produced by the application of *hot water* to the body is denominated *scald;* and the effect that can be produced here is limited, because the temperature of boiling water cannot exceed 212 degrees. The transient application of hot water to the body will produce vesicular inflammation of the skin, effusion of serum upon the inflamed surface, and the elevation of the cuticle into a vescicle by that effusion. If hot water be applied for a long time it will produce considerable inflammation of the skin. If the inflammation be intense, that part of the skin mortifies and presents a slough. The slough is produced just in the same way as mortification occurs from inflammation under other circumstances, when it is carried beyond a certain point. Heat applied to the body in other forms completely decomposes the part to which it is applied, and reduces it to a dry brown charred substance, which becomes corrugated and shrivelled.—The important points for consideration, therefore, are the *degree* and the *extent* of injury in these cases. The *degree* of injury—that is, the degree of heat that is applied to the texture of the body. The *extent* of the injury—that is, the quantity of surface which is involved in the application. —The *prognosis* turns chiefly on the extent of the injury. If the degree of injury be slight, but occupy a large surface of the body, it will produce very serious effects; while the highest degree of injury, if it be confined to a small point, is of no very great consequence. The nature of the inflammatory process—that is, the inflammation itself—the suppuration, the ulceration and granulation, which are its consequences, and the mode of managing or treating these states, are just the same in point of principle as when the inflammation is produced in any other way.—I should mention to you, in reference to the actual decomposition—the shrivelling up of a part of the body by powerful heat, that the portion which is thus deprived of life is generally called technically *Eschar*. The word *slough* denotes a portion of the body which has lost its vitality in consequence of the change, which is termed gangrene, or mortification; a loss of vitality in a part of the body consequent upon previous vital action. Eschar is the loss of vitality, either in consequence of the application of heat, or some other direct chemical injury. That is the pure application of the two terms, though they are sometimes used indiscriminately.—Now when a considerable degree of heat is applied to a large surface of the body, the disturbance immediately excited by the injury is fatal within a short period of time. If you consider how serious a degree of local uneasiness, and how much febrile disturbance is often produced even by a boil, where the inflammation is confined to some point of the skin, you will not be surprised that the patient should die quickly if nearly the whole of the skin be seriously burnt. In cases where the injury is less considerable in point of extent, a sympathetic disturbance of the respiratory organs on the stomach is produced; breathing is carried on very imperfectly; it is laborious and defective; the pulse becomes irregular; coldness and shivering are produced; there is the most oppressive thirst, and the patient sinks in the course of a few days in consequence of this affection. Where the symptoms are not such as to endanger life, there may be serious injury produced on the parts that are burnt. Hence deformity may ensue, or the office of the part may be considerably impaired. Subsequent deformity and impeded motion may frequently take place in burns where the life is not in any danger.

In the TREATMENT of burns, so far as the local injury goes, two apparently opposite plans of treatment are frequently had recourse to.

In the *first* place, when the injury is slight and superficial, we apply *cold*. If the heat has been applied to a part of the body so as to produce inflammation of the skin, without vesicles or any other material consequence, the application of cold will perhaps check the progress of the inflammation, prevent the occurrence of vesicles, and occasion a speedy dispersion of the inflammation. Cold water, saturnine lotion, vinegar and water, and ice may be applied for this purpose. Sometimes it has been proposed to employ spirits or ether with water to produce the cold in a more considerable degree. A scraped potatoe is a popular mode of applying cold in cases of this kind. If these applications become inconvenient, if the patient feels chilliness and uneasiness from their continued presence, they must of course be discontinued; you must then employ other means. If vesicles have taken place, or ulceration is likely to follow, you may apply a soft poultice to the part; or a common application to burns is the *linimentum ex aqua calcis*, a mixture of lime-water and olive oil; it makes a soft application, which keeps the part in a comfortable state. It is often a question whether it would be expedient to open the vesicles or to leave them untouched. This is a point of little consequence. If you put a stop to inflammation of the skin, it does not signify whether you leave the vesicles untouched or open them. If the inflammation of the skin goes on, and ulceration is produced, the opening of the vesicles is of no particular advantage.—Now in many very serious cases of burn, there is a very considerable depression of the powers of the system. The pulse sinks and becomes feeble; there is a coldness and faintness, and shivering. A state is produced in which the application of cold is quite out of the question. Nobody would think of applying cold to a patient in a state in which he is often found after a very serious burn; that would be the way to extinguish the feeble remains of vitality to a certainty. Here the state of the system is the main object of your attention, rather than the condition of the part. If you have a slight superficial burn, you will adopt the local treatment already described; that is then the point to be attended to. But when you have got an injury in the state I have now described, your main object must be to attend to the general symptoms. In such a state, the treatment introduced by Mr. Kentish is the most applicable. He proposes his method on an analogy between what should be done in cases where extreme heat has been applied to the body, and the course of proceeding that you adopt where the body has suffered by the excessive application of cold. I have had occasion to mention that where a part is frostbitten, it is wrong suddenly to apply a considerable heat, but that you must restore the temperature of the body gradually. It is said in the same way, that where a part is excited by heat you should gradually lessen that excitement, till you bring it down to its proper state. Whether this reasoning be applicable it is not worth while to argue;—we know the treatment to have been very successful. You must bathe the part affected with warm oil of turpentine, and then cover with cloths dipped in turpentine and yellow basilicon. This is a kind of stimulating plan of treatment. In conjunction with these local means, recourse must be had to the administration of opium in moderate doses, in order to alleviate the excessive pain attendant on burns. The administration of a little wine and water, or brandy and water, in order to remedy the symptoms of depressed circulation, accords very well with the local plan of treatment, This is the mode proposed by Mr. Kentish in cases of extensive burn, and he had great opportunities of seeing this in the worst forms, having practised near coal-mines, where extensive injuries of this sort are of frequent occurrence.—In the subsequent treatment of these extensive burns, the application of turpentine liniment is continued until ulceration and suppuration commence, and then other simple and milder applications are proper.

You treat the case on the principles that have been already detailed. You apply soft poultices to the part, and when granulation commences, you proceed according to the treatment applicable to ulcers. Of coarse you are not to continue the internal stimuli beyond the existence of those circumstances that immediately require them. You would not think of continuing to give a patient, after a dangerous injury of this kind, opium, brandy, and wine; but as soon as the state of depression that called for these remedies was past, you would discontinue their employment.

Now the general treatment in cases of burn will differ very considerably, because the circumstances of these accidents differ. Sometimes the inflammation, produced by the operation of heat on the body, causes considerable general excitement, instead of the state of depression that I have just mentioned. It is then necessary to take blood from the arm, and to employ other active antiphlogistic means. Frequently a state of excitement comes in scalds, about the time when ulceration and suppuration are beginning. I remember having in this hospital two instances of men who had scalded the lower extremities extensively, in both of whom, when matter began to be discharged from the surface of the wounds, there were violent febrile attacks of the system. It was necessary to bleed largely and repeatedly in the progress of these cases towards a cure. When ulceration commences, and when the parts that have lost their vitality are separated, you will find that the completion of the cure;—the cicatrization takes place with a very different degree of rapidity in different instances. It sometimes happens, particularly in scalds, that merely the external stratum of the skin loses its vitality, and is separated, or sloughs, but the sloughing process does not extend through its whole thickness. There is only a partial destruction of the external surface of the cutis under such circumstances. The ulcer which is left after the detachment of the superficial slough is in fact in the cuticular texture, and as soon as the slough is detached, you will find that almost immediately the surface of such a sore will cicatrize all over. In fact, this is not like an ordinary ulcer, which heals by degrees from the edge of the skin: the whole of the skin is ulcerated, and it is liable to cicatrization; and you see an ulcer of great extent, nearly the size of the palm of the hand, thus cicatrized in twenty-four hours. In those instances in which all the depth of the skin is detached, so that the loose cellular membrane that lies under is exposed, you find that large granulations are produced; they arise above the level of the skin, and great difficulty is experienced in keeping them down and effecting the cicatrization. I do not know any case that is more tedious, in this respect, than burns of this kind. It is necessary that you should pay particular attention to the position of the affected part, in many instances of burns. You will recollect that the granulations which are produced in the healing of a sore, become absorbed after the cicatrization has been accomplished; then the parts contract; and consequently, when any part of the body is burnt where there is a bend—as at a joint—you will find, if you allow the limb to remain in the bent position, that this contraction of the granulations will unite the two parts in such a way as to fix them permanently in that situation; and thus they produce, not only a degree of deformity, but a very serious diminution in the motions of the joint afterwards. If you were to allow the fore-arm and arm to continue bent while the two surfaces were healing, you would find them united together to a very great extent. Thus you would have a sort of bridle produced in the cicatrix, keeping the limb in the same posture. The most serious and dreadful deformity and incurvatures are in this way produced;—under all such circumstances, therefore, a very close attention to the position of the part, during the time the granulating and cicatrizing processes are going on, is absolutely necessary. In instances wherethis point has been neglected, and where contraction has arisen in consequence of this bridle of the cicatrix being produced, relief has been produced by dissecting out the portion that forms the bridle. When the skin on each side is sound, so that it can be brought together after the cicatrix has been removed, the use of the part has been restored. We are indebted, for the principle of this mode of treating contractions remaining after burns, to my respected colleague, Mr. Earle. He first drew attention to it; and in many instances he has succeeded in removing very extensive and serious deformities and contractions by that simple mode of proceeding.

There are two other methods of treating burns. The one is what we should not very readily have thought of, as applicable to a burnt surface—raw cotton. It was first thought of in America. A child had been very extensively burnt, and there were no means at hand for the regular treatment of the case. In order to put the child out of the way, he was laid in a basket of cotton, and it was found soon after, that the pain of the burn had been diminished, and the child became quiet. In fact, they took the hint—the child was covered over with the cotton, the pain went off, and, although the burn was considerable, the case did well, and in a short time the child perfectly recovered. This has led to the practice of covering over the part with raw cotton. When discharge commences, the cotton that thus covers the burn becomes caked over, and forms a kind of case; by keeping it covered for a short time, the parts heal under this case of cotton, and no further treatment or dressing is required. This plan has been tried in this country, and has been found to do very well. Another plan is that of covering the parts copiously with simple flour: taking a flour-dredger, and dusting the parts over with flour till they are covered with a thick stratum;—then laying a soft rag over it, covering it with flour, in the way you would proceed with the cotton. This is also a very advantageous mode of treating burns in many cases.

Escharotics.—There are various chemical substances which produce the effect of decomposing that part of the body to which they are applied. The effects of these are well known to medical men. Ammonia, potass, lime, nitrate of silver, muriate of mercury, tartrate of antimony—all these are sometimes employed by surgeons as escharlotics—that is, they make an eschar; they decompose the part, or operate in the way of converting it into a brown or dry-looking matter. They all agree in depriving the part to which they are applied of life; though they do this, in each instance, in a peculiar way—that is, the appearance of the part, after the action of the substance, differs in each particular case. The action of lime is peculiar in some respects. Lime, when applied to the cornea of the eye, completely destroys the transparency of the part, and reduces it into a fine powder. The particular effect of nitrate of silver, when applied to a part of the body where there is a discharge, it is well known produces a whitish film on the surface. The truth is, that nitrate of silver is decomposed whenever it comes in contact with any discharge. Muriate of silver is formed, which constitutes the white pelicle after the nitrate of silver is rubbed on the surface of an ulcer.

THE NORTH OF ENGLAND MEDICAL ASSOCIATION.—We rejoice to hear of the rapid growth of this Association—of its increasing importance and stability; and we would fain hope, from the number and the character of the persons who compose it, that they may ere long render a very acceptable share of assistance to the cause of Medical Reform. The first public meeting was held last Tuesday (Jan. 21), in the lecture-room of the Literary and Philosophical Society, Newcastle-on-Tyne. A report was made one the present state of the profession; and, in connexion therewith, petitions were submitted, to be presented to both Houses of Parliament. The officers for the ensuing year were then severally elected; and, after some appropriate speeches, the meeting separated, apparently highly satisfied with the proceedings of the evening. In our next we purpose giving the particulars.

NAVY.—Assistant-Surgeon Patrick Brenan appointed to the Flamer.

Some reviews are in type, but postponed by the pressure of other more immediate matter.

SPIRIT OF THE PRESS.

MODE OF PAYMENT OF MEDICAL MEN.

So long as medical men shall continue to uphold that system of payment, by charging for every bottle of medicine and every box of pills which is sent, so long will the profession labour under the public stigma of sending in medicine for their own advantage, and not their patients'; so long will medical men be subjected to have their feelings violated by medicine being returned (we have known instances where such an outrageous insult has been offered as returning all the medicine unopened after recovery from an illness); so long will those in second-rate practice have the size of their powders and the capacity of their bottles canvassed; and those of first-rate be liable to receive polite hints that they have sent a sufficiency of medicine; so long will the occupation be debased by haggling about charges, and disputations about the quantity of medicine had; so long will practitioners be compelled to resort to law, to endeavour to recover their due, which we submit is most undignified, and identifying the profession with trades, and less exalted employments; so long will they be liable to have their characters and reputations calumniated, when their demands have exceeded the expectations; so long will they be the victims of the blackest ingratitude; so long will they be doomed to sacrifice independency to servility; so long will their dispositions become tainted by the corrupting power of circumstances; so long will the majority be compelled to wear out life amidst doubt and uncertainty, disappointments and vexations; so long will they be exposed to the basest impositions; so long will they themselves be accessary to their own discomfiture; so long will they be treated by the community as the scape-goat to be the last paid, and if there be insufficient, to be considered last; so long will their claims be disregarded by justice, improperly so called, and their hard earnings insulted in courts of law; so long must they submit to be looked upon as mere menials in the great family of man.

To do away with this absurd and revolting practice, we would propose that medical men of all denominations be remunerated by fee, *and at the time*, which we estimate as a most important point in maintaining the respectability of the profession. It may be said, that all persons cannot afford to pay fees, and those who can have not always the means at immediate command; but fees may be as low as half-a-crown, or less; and we submit it would be far more dignified to receive even one shilling at every visit, than be exposed to imputations at the year's end of overcharging, sending too much medicine, lotions being valueless, and rubbish of this kind; and as for the other objection, our experience invariably has been, that when a person had not the means of paying a certain amount every day, they could not afford to pay seven times as much at the end of the week. Viewed in another light, it would have a most desirable influence on the public, in giving a practical lesson of providence; and if it once became general, it would be far more easy than the present plan; and we assert this, from having personally experienced both ways. We advocate the mode of paying medical men so much per annum for each person or family, according to the means and chances of casualties; this relieves the medical attendant of a great deal of anxiety about his pecuniary affairs, which he ought not to have. But this arrangement could not conveniently be aniversally adopted; the one by fees might, and it would draw a clear line of distinction between the actual practitioner and the chemist and druggist only. Another great advantage arising from it would be, that

people would be more considerate in sending for their medical advisers; as it is now, three or four messages will sometimes come in the course of a day for visits, where, perhaps, there exists an excessive aversion to medicine. Occasionally, we have seen bottles arranged on the mantlepiece, as a gentle hint that no further supply was wanted; though visits were always acceptable, because the visits cost nothing, but medicine is very expensive. When one comes to examine it, it really seems a most monstrous perversion of reason to charge for medicine only, and leave the visits unnoticed, when there is probably not a general practitioner in the land but who values his visits at fully twice as much as his physic.

We have the strongest possible dislike to bills; and we would respectfully refer it to the profession generally, whether the varied and ennobling pursuits of men, practically engaged upon science, ought not to absolve them from the bother of books and bills, and such like nonsense, excepting so far as noting their prescriptions! Can anything be more absurd than writing '*The Draught*' three hundred and sixty-five times over for every day throughout the year instead of three hundred and sixty-five draughts at so much each? No wonder people should be terrified at the sight of a doctor's bill, when they go in six yards long. Of this we are quite confident, that until the present mode of payment be altered, the professiou will never be what it ought; it will never take that rank in society to which it is entitled. What could be more repulsive to a physician of liberal mind, after having paid fifty visits, to which custom would award as many guineas, than to be asked what he could afford to take off, or to be told he would confer a great favour by returning some portion of it? We have known such done.—*Medical Etiquette, by Abraham Banks, Esq.*

THE SIGNS OF DEATH FROM HANGING.

It would seem that it is more difficult to establish, from the inspection of the body and the *post-mortem* appearances, that life has been extinguished by hanging than any other kind of violent death; and to this position we may add, that it is often no easy matter to determine whether the act has been the deed of the sufferer, or whether it has been perpetrated by another. The recent discussions on the death of the late Prince de Condé and that of M. Champion, show how far we are from possessing any exact data on this important topic of legal medicine. M. Duvergie has for some years past directed his attention to this subject, and the results of his researches were recently submitted to the Royal Academy of Paris. The main object of his memoir is to show that advantage may be taken of the microscope, by examining the state of the urinary and spermatic passages, and of the urine itself, and any seminal spots which may be found upon the linen of the deceased, to suggest some useful hints. In the late affair of the assassination of M. Tessier, it was important, he says, to ascertain whether the act of copulation had been accomplished during that fatal night, when a man, who hitherto had maintained a most upright character, lost at once his life and his honour. M. Duvergie proposed to M. Cazenave, the judge of the case, to submit to microscopical examination the urine which was in the chamber-pot; as it has been found that, after an emission, there always remain in the urethra a certain quantity of the spermatic animalcules, which are brought away along with the first urine that is voided afterwards. These animalcules sink down to the bottom of the vessel in which the urine is contained. The results of the inspection, in the case alluded to, were negative. Since that period, I, (M. Duvergie) have succeeded in detecting spermatic animalcules in seminal stains on linen of ten months' standing. The appearance indeed of these animalcules is often much altered by the manipulations which are necessary to detach them from the linen to which they adhere; and sometimes it is quite impossible to recognise them. These various observations have led me, on the one hand, to examine with the microscope the contents of the urethra in persons who have been hanged, and, on the other hand, to inquire if the generative organs do not present after death traces of the sanguineous congestion which precedes and accompanies the act of seminal emission, seeing that this act is an almost invariable consequence of death from suspension. On laying open the canal of the urethra of a person who has been hanged, we usually observe a quantity of mucous matter, which varies in consistence, in different parts, from perfect fluidity to a firm tenaciousness; it has a spermatic odour, and will be found to contain spermatic animalcules. These however are not always found along the whole canal, but perhaps at one point only—either near to the glans, or far back and close to the cavernous bulb. In some cases, in place of these animalcules we discover a series of minute ovoid bodies, which somewhat resemble the animalcules without their tails; and, whenever this was the case, I invariably found a similar condition of the seminal fluid that chanced to be in the vesiculæ seminales at the time. Was this an embryotic state of these animalcules, or one in which they were imperfectly developed? and is such a condition of the semen "le cachet de l'impuissance?"—*French Journals.*

HOW THINGS MEDICAL ARE MANAGED IN FRANCE.

The disgraceful and inefficient management of our own medical institutions has often forced a reference to the *concours*, and as many readers on this side the channel are unacquainted with the manner in which that mode of election is fulfilled, we extract the following passage:—

"Concour are conducted in France in the following manner:—The dean of the faculty summonses a meeting of the professors, and a committee is selected from amongst them, at least it used to be, by lot; these, about a dozen individuals, sometimes less, perhaps as few as seven, act as the jury, and they are sworn to perform their duty with impartiality. Notice is duly given in the public prints, and even placarded in the streets, of the meeting of the forthcoming trial of intellectual strength, and the public are indiscriminately admitted to the great amphitheatre of the faculty of medicine, or to that of whatever other faculty it may happen to be; whilst the candidates are reserved in a private room, without books, but with pen, ink, and paper. The concours opens by each member of the jury placing in an urn a slip of paper, with some topic named upon it, and which of course regards the department of science for which the concours is convened. Each candidate, the oldest first, draws his lot, and has to deliver a lecture, without referring to books, and with only a quarter of an hour's meditation, upon the subject thus drawn. They are next required to write theses, and as each on the appointed day reads his thesis, his assertions are disputed, and he is examined on all topics connected with the said thesis by his competitors, whose interest it is to expose every deficiency they can find in him. The jury finally declare who is the successful candidate. Should the candidates be aspiring to the office of physicians or surgeons, then the trial bears, in addition to the above, a practical character. Patients are promptly produced to them; they have to comment upon the symptoms, and make their diagnosis publicly, and to prescribe for the said patients; and, if it should be for a surgical appointment, they have also publicly to perform operations upon the dead and living body. When Louis XVIII., at his restoration, attempted for a short time to supersede concour, by assuming to himself the despotic power of appointing public medical men, it was the cause of nearly extinguishing all enterprise between students as well as between medical men, and of arresting the progress of medical science for a time in France. The schools were deserted until Louis found himself obliged (much against his inclination) to re-establish concour. But what did he do? He modified this honest Buonapartian plan of rewarding merit, by instituting a new order of professionals, "Agreges," or fellows; these, chosen by concour, were to act for the *professors* in case of illness, and professors were often arbitrarily selected from these by the Crown upon vacancies taking place. The object in instituting such a body is said to have been a political one—that of keeping the professors, and the most influential and talented men, more immediately under the eye and surveillence of government. When Charles X. began to exercise despotic power—he, in imitation of that overgrown fool, Louis XVIII., attempted to do away with concour; and to give the Crown as much patronage as possible, professors were appointed to the faculty by the Crown; but the consequence was (the pupils not liking the lecturers) *the desertion of the class-rooms*, although government employed the soldiery and every thing but the cannon-ball to enforce attendance. They were thus obliged, in both instances, to restore concour. So much for the spirit of the French youth. Even although it is at present enforced in France that a certain routine of lectures shall be attended at the faculty and nowhere else, be it remembered that notwithstanding this would seem at first view unjust, and to partake of the spirit of monopoly, it cannot at present have so baneful an influence in France as in England; for most medical appointments are there still gained by concour; and although it is true that the latter are at present often much corrupted by court and political influence, it is possible, even now, for an unknown aspirant, if he possess industry and merit, to become, by concour, in France, a public teacher or hospital surgeon, and a man of high public trust: but, on the other hand, in England no appointments are obtained upon that principle, but by the base, dishonest, foolish, and barbarous means of drawing-room coterie, private interest, and money influence, exercised over the minds of interested medical men, already, perhaps, the senior officers of the institutions, and of non-medical incompetent judges, who are governors and electors in them. Personal solicitation, public begging or canvassing from door to door, public placards, and advertisements, are in every instance had recourse to. A system which degrades the medical man below the most paltry shopkeeper whose favour he solicits, is a blasphemy and insult to the very name of science, and reduces the whole of the profession to a mere trade, to a placarding, electioneering, and advertising body, of the lowest and most servile stamp.—*From a Letter to Lord John Russell on the Charter of the New London University.*

Apothecaries' Hall.—Names of gentlemen who passed on Thursday, Jan. 16:—Thomas Bell, Deeping Gate; Samuel Brice Cowan, Bristol; George Newell Ediss, William Francis Chorley, Leeds; Joseph Sheldon Wilkinson, Syston, Leicestershire.

TO CORRESPONDENTS.

DR. TURNBULL *has been paying for the insertion of a quack paragraph in the papers, in which he is described as a miracle-worker of no mean order; giving sight to the blind, hearing to the deaf, and so on. Has he forgotten the coroner's inquest held on one of the victims of the new treatment? Does he suppose he is again to thrust himself before the world with impunity? We will give a few notes of his history for public benefit.*

WESTMINSTER HOSPITAL.—*A Looker-on is thanked for his communication; it is well and powerfully written, but there are not three lines we could publish without making ourselves liable to an action for libel. Mr. Hale Thomson is the would-be lecturer at the Westminster Hospital School of Medicine, whose innovations in anatomical and surgical science, as also in the English language, were so strenuously objected to by the pupils. We do not believe Mr. Guthrie could have been cognizant of the true state of things*—he probably took Mr. T. at his own valuation *unadvisedly, and did not discover the mistake, till he endeavoured to pass him current on other people. The person in question is the Mr. Thomson of Berners-street. Our correspondent labours under a mistake, as to the empirical treatment of diseased spine by Mr. T. with iodine—it is merely a feature of his mode of treatment, which to us appears rather commendable.*

W. B. *is also very severe on Mr. Thomson, apostrophizing him "devoid of feeling as thou art of mind." We do not think he is far from the truth in asserting, that Sir Anthony is quite as capable of the duty of chief-surgeon as Mr. Thomson is of that of assistant-surgeon. There is much truth in the couplet—*

> *"We think our fathers fools—so wise we grow,*
> *Our wiser sons no doubt will think us so."*

W. G. WILSON, SURGEON, *requests us to relieve him from the honour of the authorship of the article on the physicians of Leeds. His letter does not say much for his education, or his politeness; but as he is an illustrious obscure, whose name never before delighted our vision, we do not hesitate to say so.*

H. K.—*We shall continue the subject, but he can write again more fully.*

MR. BARRON's *method of advancing his* grinding *pupils to the detriment of the rest of his class deserves attention.*

CHIRURGIESIS *has addressed us a sensible letter on the "custom which has crept into the profession, and which is daily increasing, of authorized practitioners, to obtain patients, attending at chemists and druggists to give 'advice'—what a contemptible and at the same time crooked course is this to pursue! how different from the upright and straightforward practice of the honourable and conscientious medical man! Here are gentlemen of education consenting to sit down in a chemist's and druggist's back-shop, waiting like beggars by the way-side for the charity of passers by! Members of the Royal College of Surgeons, and of the Hall, consenting to get their bread by the canvassing of a retailer in drugs! Here are men, who are too proud to stand behind their own counters, too lazy to wield their own pestles, too indolent to dispense their own medicines, but not too proud, not too lazy, not too indolent to depend on the mercenary jobbing of others for their bread!" There is much force and justice in his remarks, but we are inclined to attribute the abuses, in a great majority of cases, to the defective state of our medical institutions, which drives men of education and talent to such resources. Their poverty, induced by a vicious state of things, rather than their will consents.*

ADVERTISING AND QUACKING—M. R. C. S.—*We have invariably remarked, that whenever a rogue possesses any solitary good quality, or some one good connexion, he always parades it more carefully, and we are therefore inclined to suspect, that the men who are so partial to advertising the* M.R.C.S. *on every occasion, have no slight tinge of quackery about them. We intend to look up these gentry, and amongst the rest, we shall not forget the* suicidal *hero* Mr. FORBES WINSLOW, M.R.C.S., *who figures away amongst the minnows of the Westminster Medical Society.*

FAN QUI DOWNING *and his ba-hea lectures are not suitable to us. They will do very well for* monthly-nurses.

BECA-FICO.—*If you cannot pass as a surgeon, you can buy a doctor's degree; —— did the the same.*

MED. STUD.—*By all means avoid sporting societies—to parody a celebrated expression, "they are the distress of many for the gain of a few," and from Juvenal's time to our own, have been laughed at and despised by men of sense and knowledge.*

THE MEDICAL TIMES.

HOSPITAL ELECTIONS—PUBLIC OPINION MUST CARRY MEDICAL REFORM.

THE hospital election at St. George's, although not consummated, is, as we have already stated, quite settled—Sir Benjamin Brodie having *elected* his relative before the vacancy was publicly declared. The King's College affair is in pretty much the same state as last week, except that, to the list of candidates, the name of Dr. Matthew Truman has been added, and to the list of rumours, that Dr. Mayo is the most likely to be chosen by the parties who will nominate the occupant of the chair of medicine. The filling of the chair of Surgery is expected to make a vacancy at the Mary-le-bone Dispensary, for which vacancy numerous candidates are already in the field. Mr. De Morgan, Mr. South, of the Borough, Mr. Bennett Lucas, Mr. Lane, and Mr. M. Hilles (!) are already stated to be canvassing, to ascertain their chances of obtaining the desirable post in Mary-le-bone. We trust that, as in this instance the power of appointment to the vacancy is not monopolized by a single individual, that some regard will be paid to the selection of the best man.

We have a vivid recollection of our first impressions respecting medical charities, before we learnt their present sad state of perversion from their original intent. We entered the portals of our noble hospitals impressed with veneration, regarding them as temples dedicated to humanity and science, but we quickly found that whatever they were in their origin, their utility was far from commensurate to their capability, either as regarded the relief of the patients, the instruction of students, or the general interests of science. Both hospitals and dispensaries, in the present day, are to a great extent an abuse of public benevolence; they have been converted into a species of private property, and every effort has been made to remove them more and more from the sphere of public influence. In the great majority, more obviously perhaps in dispensaries than in hospitals, (though not more potently,) private advantage is paramount over public objects, and the interests of benevolence are damned with faint and insincere championship. Why will the public allow such proceedings?—from charitable motives they afford support to these institutions, but it is only the semblance of charity unless they watch over its bestowal, and see that their bounty reaches its destination without undergoing a great proportional reduction for the benefit of individuals. It is for them to secure the greatest possible amount of talent in their service, and to watch that relief be afforded with promptness and efficiency to really deserving objects. The managers of the public institutions in question have strange sticky fingers. The druggist or other tradesmen who busies himself so disinterestedly in their concerns is usually, we doubt not by special ordination of Providence, rewarded with a handsomely remunerating custom. The parties in power constitute a self-perpetuating junta whose influence is without restraint, whose dictates are law. If there be a vacancy in the staff, industry and talent command not the preference, but private interest and vile intrigue are passports to the appointment—interests of science, considerations of humanity—all are alike sacrificed at the shrines of selfish cupidity and base venality. When professional attainments have not led to an appointment of the kind, is it to be expected that there can be any inducement for the acquirement or increase of medical knowledge? No!—in nine cases out of ten the wide field for research remains fallow, or is productive merely of noisome weeds.

Again, the abused state of our medical institutions is no less a curse to the student in medicine, and as such has not been pressed sufficiently on the attention of the public. The outcry has long been raised among the aggrieved portion of the profession, but in vain. Those who sat in the high places and fattened on unrighteous spoil, have been deaf to the voice of deprecation, have scorned remonstrance, and set censure at defiance. They have taunted their admonitors with the fable of the fox and the grapes. They have often winced from the lash of honest satire, and shrunk to their dens of iniquity before the unanswerable exposure of their cruel fraud. But their days are numbered, their hour is at hand. To the public we appeal, the quarrel is more theirs than ours. Let them do themselves justice.—'The gods help those who help themselves.'

MEDICAL ETIQUETTE—THE FRACAS AT WESTMINSTER HOSPITAL.

THERE is certainly no profession in which more envy and mutual ill-will is found among the members than in that of medicine. We are ever snarling at one another, and seem to regard the destruction of a brother's character in the light of a pleasing pastime. This chiefly originates in the evil policy which at present regulates the government of our profession, the working of which may be recognised in every instance. The man of distinguished acquirement has but too often to play the subservient part to one, his inferior in every respect, save wealth and influence. Science rewards not her votaries with worldly guerdon, but the chance of fortune constitutes the pre-eminent claim for access to the high places of science. Such being the case we often fairly murmur at the success of others, but far more often does it constitute only a mere feasible pretext for malice and envy. A man endowed with a minimum portion of intellect having been

raised by fortuitous circumstances to an equal level with a man of first-rate ability, from the instinct of a little mind will endeavour to raise himself by depreciating his fellow, and, alas! intrigue and effrontery but too often render his efforts successful.

Even as politeness constitutes the superficies of morality, so etiquette is the outward form of proper professional feeling; and, if the outward semblance is wanting, we naturally suspect that the substance itself is deficient, when the severest censure is called for.

We last week gave a brief detail of circumstances which had occurred at Westminster Hospital, and having received several communications on the subject, we shall now proceed to some considerations connected therewith. For the outrages committed by Mr. Thomson against the conventual usages of the profession, evincing no less want of taste than judgment, no excuse can be made; nothing could alter the relative positions of Sir. A. Carlisle as chief surgeon and Mr. Thomson as assistant-surgeon, which, of course, should be maintained as long as they held the respective posts. If Mr. Thomson agrees with those who deem the worthy knight unequal to the duties of his office, let him assert the same openly as a man, and not attack him with dastardly insults, and by *countenancing*, in any way, anonymous detraction. The grey hairs of Sir Anthony should have been his protection—*he* is a gentleman, and, we doubt not, keenly feels the malice of his enemies. 'The Lancet' has been the vehicle of one attack which refers to two cases which were under the care of Sir Anthony Carlisle. Our space forbids detail, but we are well assured by a correspondent of the incorrectness of the statement; there is, indeed, ample intrinsic evidence of their garbled nature. That they will meet with an efficient contradiction from the proper quarter we doubt not, as a discreditable line of conduct in other parties is implied. We cannot conceive what can be Mr. Thomson's incentive to the policy he has apparently pursued towards Sir Anthony Carlisle: from the oblique manner in which he has acted we cannot give him credit for pure and disinterested motives. Is he desirous to remove one barrier from the participation in the paltry emolument derived from the fees, which are divided among the surgeons, and in which, as assistant, he does not partake? or is he anxious to rid himself of the epithet of assistant, as incompatible with the dignity of a late President of the Westminster and Medico-Chirurgical Societies, &c. &c.? We cannot solve the mystery of Mr. Thomson's mind, and to excuse our editorial incapacity, we beg to remark, in the language of allegory, that shallow water, if turbid, precludes the transit of vision as effectually as if there were great depth.

To the tenure of office by Sir Anthony Carlisle we must, in justice to ourselves, refer, though to do so, at the present juncture, is painful to our feelings. In asserting a principle, in justice to the public, we disclaim the slightest intention of personal disrespect to the worthy knight. Nothing can resist the withering hand of time, which wrecks humanity mentally no less than corporeally. At a certain average period of life decay may be expected to commence, and that epoch should be the signal for the gradual relinquishment of the more active business of the world. This principle is, as in other cases, applicable to the medical officers of hospitals, and we are most averse, from the evil precedent thereby constituted, that exceptions should be made to the rule. None can dispute that Sir A. Carlisle is beyond the age at which a surgeon is likely to constitute an efficient medical officer; he has, therefore, no longer a right to retain that position, even supposing that he is bonâ fide equal to the duties entailed upon him. If anything can justify Sir Anthony's being maintained in office, it is the shameful manner in which he has been assailed: it is not to be wondered that he should linger in the scene which the association of half a century has endeared to him—that he should hesitate to say "a last farewell to all his greatness." When he does resign we hope it will not be without receiving some testimonial of gratitude for the zealous services of fifty years, nor can we for a moment believe that the ruling powers would think of suffering the small emolument which accrues to Sir Anthony from the hospital to cease while he lives.

We are sure that if the governors look at the facts to which we have directed attention in an unprejudiced light, they will not countenance the aggression of which we complain. We exhort them to do their duty. If they fail therein, may they, when "fallen into the sear and yellow leaf," experience contumely and insult, and feel the want of kindly vindication of their wrongs. In conclusion, we recommend to the attention of Mr. Hale Thomson the old saw, that "people who live in glass-houses should beware how they throw stones," and assure him, that in the eyes of all unprejudiced persons he has enacted a part which confers as little honour on his feelings as a man, as upon his judgment and character as a gentleman.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER THIRD.—DR. PHILANTHUS'S GREAT BOTANICAL EXCURSION.

SPRING had come round again—the black stunted trees in the garden were beginning to put forth some dusky green anomalous excrescences intended for buds—the old regulation men had gone out of town—the painted bricks stuck in the botanical portion of the estate, marked with various mysterious names (at least all that the pupils had not taken to play at "duck" with in the dissecting-room), began to be accompanied by the plants themselves whose titles they announced. The lecturer on chemistry, not having a summer class, had placed himself upon his own sand-bath, and evaporated nobody knew whither—the last subject had come in for the last demonstration, and the tressels and slabs had been scoured and put by for the season; in fact, every portion of the medium through which the pupil views the advantages of a school—every portion of the real *membrana pupillaris* had disappeared for six months' disuse, when Dr. Philanthus commenced his botanical lectures and excursions.

Now Dr. Philanthus was a great favourite with the students, being an exceedingly good-tempered man—he filled up all their schedules whether they attended or no, and put "very diligently" to all. As a real enthusiast in his subject, he was deeply impressed with the importance of botanical knowledge in the management of a fractured clavicle.—He found how subservient the classification of plants was to the welfare of a bad midwifery case—he knew the value of buttercups, daisies, and stinging nettles in pthisis, cancer, and diseased prostrate, and he looked upon De Candolle as a man of tremendous vegetable mental functions.

Now all botanical lectures present a pleasing unanimity of subject to the student. You have very pretty drawings of gigantic leaves very nicely painted green, and also diagrams of various odd tissues like magnified pieces of net and cambric. You are shown a great quantity of dead flabby "garden stuff," which makes you lament they do not keep rabbits at the school to eat it; and, moreover, you learn to call dandelions and chickweed by numerous intricate names, well calculated to raise the importance of such humble vegetable productions, and make them think no small sap of themselves. But if this was all, the lecturers could never keep up the attendance of the students even during the short course that this study occupies. One of the pupils said one day how much he had been disappointed in following it; his idea of botany had always been connected with visions of pretty girls, holding small green waterpots, painted red inside, and tending geraniums in fragrant conservatories, but he found it quite different when he began in earnest. This, however, is a digression. I was about to say that the lecturers keep up the interest by proposing various enterprising botanical excursions every week during the season, when the students generally consume an immense quantity of cheese and biscuits, drink a great deal of half-and-half and bottled Guinnes's, collect a few wild weeds from the hedges in tin candle-boxes, and come home drunk in an omnibus, if they have sixpence left to pay their fare—a contingence not necessarily incidental to their peregrinations. It was one fine morning towards the end of May, that several of the gentlemen of our school met there by appointment to accompany Dr. Philanthus in a botanical excursion to Hampstead Heath, and a pretty strong muster they made—such a collection of hooky sticks, metal weed-cases, and fifteen-penny note books had never before been collected together. In honour to the subject, the flower of the school had assembled. There was Mr. Okes, who used to change his coat and boots every day at three o'clock, after the anatomical lecture, and then go and sit an hour in a straight-backed coat on one of the chairs that are nailed to the floor in the upstairs gallery of the Pantheon, and fancy himself a man about town; and Messrs. Swubs and Huggles, two men from Leeds, with thick cossack boots and no straps, who used to "prepare for the Hall" with some "private tutor," who held this class at a public-house, and allowed beer and pipes during the examination: then, there were a lot of reading men, who boasted they had dissected the axilla five distinct times, and copied all the lecture diagrams into the fly-leaves of their books, and who, moreover, used to wait for half-an-hour at the door of the school to touch their hats to the lecturers. Mr. Bowles was also there, who had ground for five years, and was always "going up" in about a fortnight, and Mr. Johnson, who took a disgust to anatomy because he once made an inflated preparation of the cœcum, which somebody stuck a pin into before it was dry; and a heap of others whose names will come out in the course of my memoirs, including at their head Mr. Macarthy, an Irishman, familiarly termed "Mac," who invented all the misrule and fun of the school.

The great point of meeting was fixed at Hampstead Heath, at 12 o'clock, where the Doctor would be in waiting with his two house-pupils; and accordingly they set off from the school about ten, candle-boxes and all, I being requested to accompany them as a useful hand if wanted. There was little of incident occurred on the journey, for the gentlemen were not sufficiently "up" yet. Two or three delayed a few moments at the public-house at the corner of the Hampstead Road to "go the odd man for some beer," and Mac would shout out "Doctor!" after every man he saw in a gig with a servant having gold lace round his hat.

Mr. Bowles nodded at people on coaches as they passed, to set them wondering all the rest of the journey who it could be; and Swubs had innumerable encounters with chummies and errand-boys who wanted to know "how he sold his fippenny dips," drawing this neat allegorical allusion from the tin candle-box he had gracefully slung like a quiver over his shoulder by a piece of string. At last they all took it into their heads to walk in single file along the pavement like policemen, gravely saluting every "crusher" they passed, and generally fixing upon some unconscious old lady to lead the procession, by following closely in her steps, and enjoying her total ignorance of the train she was leading.

"Vot's them?" said a bull's-eye man to his companion (a dealer in radishes), as they stood on the curb.

"Deppitations, I reckon," was the reply, "as has been to Somerset House with tenders for vorkus rushlights."

With a few trifling variations this game lasted until they got to Hampstead. For my own part, I was willing enough to walk on the other side of the way, really fearing they would get into some row, as there was already a long train of followers in their march, besides little boys running in the gutters at their side, and hurrahing them.

The first great halt took place at Jack Straw's Castle, which every body knows is an inn at the top of the Heath, higher than the Monument, or lower than St. Paul's, or something or another which is not true, or if it was, nobody could contradict it. Dr. Philanthus was true to his time, and he and his house-pupils had already collected enough herbage, as Mac called it, to fill all their boxes and the crowns of their hats; indeed, when we arrived, the Doctor was still luxuriating with a little hoe in some ditch near the inn, and his pupils were sitting on the wooden rails opposite, looking over their treasures, and squabbling whether a *ranunculus bulbosus* (a flower very like a buttercup) had a reflected calyx or not—a point which appeared to me to be of extreme importance to their future professional welfare, and very likely to be remembered for at least a fortnight after they had passed the Hall. However, the house-pupils thought otherwise, and when, in overlooking their collections, they found duplicates of stinging-nettles, shepherd's heart-purses, or puff-aways, they exchanged them with each other in the politest manner possible. What very odd fellows these weed-catchers and grass-fanciers are!

ROCKET.

EAST INDIA MEDICAL NEWS.

Medical Retirements.—The following gentlemen take annuities this year:—Surgeons H. Cooper, W. Dyer, P. Carruthers, and T. Driver. The other probable retirements are J. R. Martin, H. Newmarch, M.A., K. Lindsey, Esqs.

Deaths.—At Agra, Assistant-Surgeon Enlis, M.D.E.A.; at Saugor, Assistant-Surgeon Eccles, M.D.; at Judpore, J. C. Brown, M.D., 74 Native Infantry; at Bhoog, W. Deacon, Esq., Surg. Bombay Med. Dep.; at Bombay, T. M. Stovell, Assistant-Surgeon; — Graham, Assistant-Surgeon; at Malligaum, Surgeon A. Graham.

Promotions.—Assistant-Surgeon J. Magrath to be Surgeon, vice Colvin, M.D., deceased; Surgeon J. Hutchinson to be a Presiding Surgeon, vice Colvin, deceased.

The Apothecaries' Company having taken proceedings against John M'Birney, Esq., Member of the Royal College of Surgeons, Edinburgh, residing at Castle Blaney, for illegally practising as an apothecary, have succeeded in recovering the usual penalties, with costs.—*Dublin Evening Post.*

CLINICAL LECTURE ON HERNIA;

DELIVERED AT GUY'S HOSPITAL, BY BRANSBY B. COOPER, ESQ., F.R.S., JANUARY 15, 1840.

Gentlemen,—Before speaking of the case of strangulated hernia, on which I operated the other day, it will be desirable to make some premonitory remarks on the subject of hernia generally. The subject would be a very important one, if the great frequency of the occurrence of the disease were its sole claim to our attention; for I believe every fifteenth person who walks our streets suffers in this way, or would do so if not relieved by mechanical means. This frequency, too, not only renders it necessary for every surgeon to study well the means employed for the relief of the dangerous symptoms resulting from obstruction, but it is a moral duty incumbent on all who have the charge of large families, public schools, or other institutions, carefully to examine the children at certain periods, to determine whether they labour under any species of hernia. I think this ought to be insisted on by Government, to be regularly done in all National Institutions just as recruits are examined, and I am convinced that were this the case, and the profession were thoroughly alive to the subject, thousands of valuable lives would be thus saved. For if the protrusion be recognised in childhood, the mechanical means we employ with only palliating benefit in the adults, are generally sufficient to effect a radical cure. Here, however, I must remind you, in the latter cases, of an opinion of Sir Astley Cooper's, that the trusses should be kept applied till the changes which occur in the organs of generation at the age of puberty be completed. He says, that even if the tumour have not appeared for some years, and the truss be discontinued, there will be a great probability of its reappearance at puberty, and therefore its application should be continued till that age has passed over.

Now what is a hernia? We may define it as the protrusion of a viscus from its natural cavity. The most common situations in abdominal hernia are certain natural openings, as the umbilicus, inguinal rings, crural ring, obturator foramen, ischiatic notch, &c., and the usual viscus is intestine or omentum. But any organ within the cavity may become the subject of protrusion. I have seen the arch of the colon in the thorax, having passed through an opening, the result of defection, of development of the diaphragm, and the patient died of some disease quite unconnected with the unnatural situation of the intestine. The contents also vary, for there is scarcely an organ which has not formed a hernia. The very first case in which I ever saw the operation for the relief of strangulation performed was one where part of the stomach was included in the protrusion, so that it was not transverse in the abdomen, as usual, but nearly vertical from the manner in which the pyloric extremity was dragged down. Sometimes a number of viscera protrude together, as was the case with Gibbon the historian, who was obliged to wear a bishop's apron in order to cover a tumour which reached nearly to his knees. It was not strangulated, but was only partially reducible. Well, what are the causes of the protrusion? Why, anything which diminishes the resistance that the abdominal parietes offer to the compressing face, exerted on the viscera, by the diaphragm in respiration, and other muscles in violent efforts. If any part is so weakened as to be incapable of resisting this pressure, a hernial tumour is produced. Such causes are general debility from any cause, the rapid absorption of fat, and distension from dropsy or pregnancy. After this any violent motions or strong efforts will be quite sufficient to complete the mischief.

Now, the most common form of hernia is the inguinal, that is, a visceral protrusion through the channel left for the passage of the testis from the abdomen into the scrotum. You know that in the fœtus the testes lie on the psoas muscle, covered over by peritoneum. Now let me gauze represent the peritoneum, covering this small body the testis (*showing them*), and string the gubernaculum, a structure which thought to draw the testicle into the scrotum. testis has, you see, a covering of peritoneum in the abdomen, which is afterwards the tunica vaginalis testis, and about the seventh month fœtal life it has reached the internal ring which the peritoneum passes. In order to descend then and pass through the external ring into scrotum, it must push a layer of peritoneum before it, and it is this which forms the tunica vaginalis reflexa. So you see, that at this time the tunica vaginalis and peritoneum are perfectly continuous; so that if there were any fluid in the latter, it would and form a species of hydrocele, which very common in children. It will be plain to you, also, that a portion of intestine may readily pass in the same direction, suppose the passage to remain open, and it often does constituting the disease called congenital hernia. But the more usual and normal process for the opening formed by the turnica vaginalis within the inguinal canal to become obliterated so that there remains no space for the passage of fluid, or of any viscus; but, as I said before when there is relaxation of these parts from any debilitating cause, or violent efforts are made which force the viscera strongly against the abdominal parietes, they yield at the point naturally the weakest, and inguinal hernia takes place.

Now you will see at once, that after the opening within the inguinal canal has closed, a layer of peritoneum must be pushed before the protruding viscus; and this is what is called the hernial sac; so that when you have opened this sac in operation, you are between two layers of peritoneum—that forming the sac, and that which covers or adheres to the intestine or omentum. There is an exception, however, to be made here, for some parts are not naturally covered by peritoneum, as the cæcum and anterior part of the bladder, both of which have constituted the contents of a hernial tumour. Generally speaking, when a hernia has passed into the cavity of the tunica vaginalis, it has no proper sac, no second investment of peritoneum, but occasionally the upper part of the inguinal canal alone contracts, the lower portion remaining free. In this case it is plain that any protruding body would force a layer of peritoneum before it through the internal ring, and that then the parts would be between the tunica vaginalis, reflexa, and testis. This is called incysted hernia, and is very rare.

The case before us is one of strangulated congenital scrotal hernia. I say scrotal, because the term inguinal does not imply that the hernia has reached the scrotum. It may have stopped in the inguinal canal, constituting bubonocele. George Stainrod, aged 58, admitted last week into Naaman's ward, with all the symptoms of strangulated hernia, states that he was walking in a field when he was suddenly seized with great pain, and a feeling as of cramp in the abdomen, and on putting his hand to the groin where he had had a tumour from his earliest recollection, he found that it had suddenly increased in size. He immediately returned home, went to bed, and made several ineffectual attempts to reduce his rupture. Throughout the three following days he had frequent vomitings and constant nausea, accompanied with pain across the umbilical

gion, and an entire absence of fœculent evacuation. On being admitted into the hospital slight attempts were made to reduce the hernia, which was of a large size, and slightly inflamed at its apex. I was sent for, and on arrival made one or two slight efforts to return the intestine by taxis, but without effect. I made some remarks at the bedside concerning the position of the testicle in this case. It was quite at the inferior extremity of the tumour, and presented the appearance of a small tumour growing from a large one. This I believe to be a certain indication that the hernia is congenital. This is the third case we have had in the house within the last month, and Mr. Tyrrell lately operated on one at St. Thomas's, and in all these the testicle was so situated. As the symptoms of strangulation had already existed three days, I considered no good could be derived from delay, and immediately proposed the operation to the patient to which he readily consented. He was placed on the operating table, and I commenced an incision about an inch above the external ring, and continued it downwards along the neck of the tumour for about three inches. The incision did not include more than a third of the whole length of the tumour. The skin and superficial fascia having been divided, the next object seemed to be to pass the finger into the external ring. This, however, from its tightness offered considerable opposition to the entrance of the finger. I therefore inserted a director, and with a probe-pointed bistoury made a ready passage into the inguinal canal. This division did not appear in any way to relieve the constriction around the neck of the sac; and then, by careful dissection, a thin fascia was exposed, opened, and a director being insinuated under it, was divided. This was the fascia spermatica interna, the usual cause of stricture in inguinal hernia. The next step was to attempt to empty the sac without opening it, but I failed in this until I had divided the fascia downwards along the tumour towards its fundus. As this seemed to prevent the evacuation of the sac, much in the same way as it usually does in the seat of stricture at the internal ring, upon the completion of this step the sac became perfectly flaccid; and from a small opening which had been unintentionally made a considerable quantity of fluid escaped, and the visceral contents of the sac were readily passed into the cavity of the abdomen. The wound was then dressed, its edges having been brought together by one suture, and the patient replaced in bed. During the progress of the operation a small but fœculent motion had passed, and the man immediately expressed himself as relieved from every urgent symptom. His countenance became calm, his pulse natural, and the nausea had ceased. A gruel enema was administered, which almost immediately produced a pretty copious evacuation.

Jan. 1. Has had some sleep, and feels much refreshed this morning. The bowels have been several times opened during the night.

Jan. 3. No deviation from favourable progress as to constitutional symptoms, but the wound began to be painful, and the scrotum to be somewhat red and œdematous, apparently from the pressure of the roller which was applied. It was therefore taken off, and a poultice substituted with good effect, the pain and redness speedily subsiding. Bowels opened. Sleeps well.

Jan. 5. A slight erysipelatous blush around the wound; the ligature was therefore removed and the poultice ordered to be continued.

Jan. 7. Erysipelas has passed away, and the edges of the wound were again brought together by adhesive plaster. I ordered no medicines, for there appeared to be no deviation in the performance of the natural functions. From this period the wound rapidly healed by granulation, and I need say no more about the case as the man is perfectly convalescent.

Mr. Cooper then commenced some remarks on the splitting of the cord in congenital hernia, but the time having expired, was unable to complete them.

REMARKABLE CASE OF EMANATION OF LIGHT FROM THE HUMAN BODY. (!)

COMMUNICATED TO THE EDITORS OF 'THE MEDICAL PRESS,' BY M. DONOVAN, M.D., OF SKIBBEREEN.

THE subjoined extract from the 'New Monthly Magazine,' has brought to my recollection a very singular phenomenon that occurred within the last few years near my late residence at Glandore.—To the pathologists, it must be a subject of much interest, if we are to regard the lights in question as resulting from the product of disease in the human body—to the moral philosopher, if we are to look upon them as an example of the fallacious testimony sometimes rendered by the senses; or an instance where the judgment of many has been obscured by the chimeras of the imagination:—

"MARVELLOUS LIGHTS AT SKIBBEREEN.

"It was our wish to have gone from Bantry to Skibbereen, to investigate the marvellous appearance in its neighbourhood, about which people were talking through the whole south of Ireland, but circumstances would not permit it. Many well-informed people who had visited the scene, had spoken of it in terms that kindled curiosity. All allowed—the ladies in particular—that there was a mystery about it; many were persuaded there was something supernatural. In a cottage, about two miles from Skibbereen, lived a man of the name of Harrington, poor, yet intelligent, and believed to be very pious. The situation of his home was singularly desolate; on a low, dreary beach, the sea in front, and a marshy swamp behind. Its interior was poor, and, like other Irish cabins, without windows; two rooms, with a damp earthen floor—a cheerless home even in health and strength, but in disease and helplessness, the clod of the valley would be sweeter, and the head would ache no more. Three years since, Harrington felt very ill, and was confined wholly to his bed, yet able to read and converse; his books were wholly religious. His only companion and attendant was his mother.

"A few months afterwards, lights began first to be visible in the cottage; the rumour of them soon attracted people from Skibbereen to the spot, whose report induced others from a greater distance, from Bantry, Cork, and the interior, gradually to come and examine for themselves. It seems that all were struck, and none satisfied, with what they saw. Their appearance was first like a faint moonlight that fell on the wall of the chamber; at times it was a bright light that covered the whole wall, or moved in portions up and down it, and often deepened into a yellow tint. Among the numerous visitors were ministers, men of science, families from the country-seats, fox-hunters, and devotees, carriages, pedestrians, and horsemen. It was called at last the Skibbereen lights, and baffled every attempt of the clever and credulous to discover fraud or imposture. In the inner-room, on a low bed, beside the wall, destitute of every comfort, lay the desolate Harrington; in the calm light of whose eye and the composure of his tone, there was evidently no pain of conscience or depravity of heart. He said he was happy night and day, though his suffering was great. He never solicited help or charity; the little he possessed seemed to be sufficient for his wants, and he did not seem to care for more. A few of his visitors sometimes left a trifle behind them, but the greater part gave nothing. He was so emaciated, that it seemed as if life could not long remain in such a frame; the arm was but skin and bone; and after nearly a year had passed, those who saw him again were surprised to perceive still the same emaciation. He was about thirty-five, and passed his time in reading and prayer, chiefly, it was said, in the latter. It should be mentioned that he was a controverted papist; the deceptions of the priesthood, said to be so often practised on the credulous, had nought to do here, though many were of opinion there might be deception of another kind. A lady of literary powers and success related to us, while at her house, a visit of some days which she had paid to this scene. To the cottage she went often, and saw, again and again, the lights, and observed them keenly and coolly, but could not trace or imagine the cause of their startling appearance. They fell suddenly on the wall, always on the sick man's room; they flashed brightly before the eye, and moved slowly, or mantled the side of the wall in a steady light, remaining for some minutes, or passing away suddenly as they came. There was no crevice or aperture in the chamber through which light could enter. There was a fireplace and a chimney, but no fire was ever lighted while the visitors were there, and clothes were hung over the door and one or two places in the wall, at the wish of those who came, that no gleam could enter; so that on these occasions the dark chamber was darkened yet more. The confined floor was often covered with visitors; handsomely dressed women, and the gay, the serious, and the wealthy were there; and many a face was pale, as if touched by the unearthly light, and every voice was hushed. The dying man, as he seemed to all, was before them; in whose skeleton hand was the mystery, true or false, of this extraordinary appearance. They waited, on some occasions, long in suspense; at others, expectation was quickly gratified. A gentleman whom we know, and who was several times on the spot, said that he saw them once at noon. The day is not the usual time of their appearance, but the evening and night. There is no noise or confusion about the house, no Irish sounds of wonder, wail, or alarm; there is a quietness and a decency about the manners and demeanour of the people. Their conduct is closely observed, and at these times, when the mother is generally in the chamber, with an inquisitorial exactness. There is a cabin at no great distance from the home of Harrington, where it was suspected at first that some collusion might be carried on; in this cabin, therefore, a person was stationed to detect any suspicious signs, but there were none. The roof also of the sick man's cottage was carefully examined; no clue to artifice or hypocrisy was found. So many intelligent, educated, and watchful observers could not thus be deceived; such at least was their own opinion. It was conjectured that from the desolate and marshy places behind the house some vapour or miasma might be the cause. On examination, this did not appear to be possible. Among the visitors was one of considerable eminence in the scientific world, whose calm and philosophic spirit of investigation could not discover the cause of the celebrated "Skibbereen lights," which we saw more than once.

It was a fit situation for the wonderful and wild: the lone cottage of the friendless man, on a dreary shore, on which is the ceaseless moan of the sea, and, half the year, of the wild winds; and behind is a sullen marsh. Many of those who have come here in the wintry sea-

son, or even in a dull or cloudy day, have felt the influence of the scene. If there be deception here, so long and still kept up, there must be exquisite art and management in the actors; rarely has a spot so desolate, and reft of human agency, been chosen wherein to deceive mankind. The delusion is then as masterly as that of Mesmer; and if the feebleness of the agents be considered, it is more successfully maintained. The simplicity of the machinery, which requires no aid from the imaginations or sympathies of the observers, gives this marvellous appearance on the desert shore the advantage over each German pretension. Seeing is believing: one sense only is exercised, and that the most difficult to be mistaken, in so confined a space—the waves in front, the marsh behind—no fire or light within—the only shadow that falls is that of the passing cloud."—*Letters from Ireland in the New Monthly Magazine.*

In this jumbled and very vague description there are many inaccuracies: Harrington's house was not situated in a lonely and desolate spot, but in a populous and neat village on the harbour of Glandore, one of the most beautiful and picturesque spots on the southern coast of Ireland; and instead of the dreary marsh to the rear, there was a dry, precipitous, and lofty hill. I will not notice any more of the errors of the writer in the 'New Monthly,' but shall proceed to detail the real circumstances, "*quarum pars magna fui.*"—I was sent for in December, 1828, to see the subject of this sketch. He had been under the care of my predecessor, and had been entered in the dispensary book as a phthisical patient, and on reference to my note book, I find that the stethoscopic and other indications of phthisis which he presented at the time were as follow:—The superior part of the chest, on the right side, was universally dull on percussion, except for about the extent of a crown-piece under the clavicle, where the sound was resonant, and where pectoriloquy distinctly existed. There was extreme emaciation, rapid pulse, urgent dyspnœa, colliquative sweats alternating with profuse diarrhœa, constant cough, and copious expectoration of thick purulent sputa, intermixed with blood.—He was under my care for about five years, during which time, strange to say, these symptoms continued stationary, and I had discontinued my attendance for about two years, when the report became general that mysterious lights were every night seen in his cabin. The subject attracted a great deal of attention, and, like every thing else in Ireland, at once assumed a sectarian complexion; some attributing the light to the miraculous interposition of Heaven—others to the practice of the black art. To myself they were presented by one gentleman as a beacon that would guide me securely into the harbour of truth; by another, as an ignis fatuus that would lead me into the regions of demonism and necromancy. Not regarding these views as offering any explanation of the mystery, I determined to subject the matter to the ordeal of my own senses, and for this purpose visited the cabin for fourteen nights, and for three nights only did I witness anything unusual; once I perceived a luminous fog resembling the aurora borealis; twice I saw scintillations, like the sparkling phosphorescence sometimes exhibited by the sea infusoria. At the time that the appearances were so faint as not to enable me to say, with any degree of certainty, whether they proceeded from luminous bodies, or were the mere freaks of fancy; others declared that they saw brilliant stars, blazing suns, pillars of fire, &c. &c. This discrepancy led many to attribute these igneous wonders to supernatural agency; and the splendour with which they were seen was regarded as a test of the worthiness of the beholder. * * * I at first thought that some legerdemain had been practised, but upon reflection found that I was wrong. In the first place, it is improbable that this dying man, who had neither hopes of living, nor any wish to live, would be guilty of fraud. Secondly; the respectability and integrity of those in immediate communication with him removed all idea of collusion. Lastly; from the close scrutiny I have made, I can with certainty say, that no jugglery was either employed or attempted.

Having met the foregoing reasons with a direct negative, I come now to consider those causes, among which an explanation of the phenomenon in question is, I believe, to be found, and these I shall arrange under the following heads:—*Excitement of the imagination—Luminous exhalations from the soil—Phosphorescence of the retina—Evolution of light from the body of the patient.*

Excitement of the imagination.—There was certainly, on some occasions, at the scene of these lights, every thing calculated to work upon the imagination. The darkness of the cabin—the hollow, sepulchral voice of the dying man—and the enthusiastic manner of the devotees that sat at his bedside, were likely to make a deep impression on the mind, and had, I have no doubt, the effect of magnifying the matter to the minds of some; but these excitants were not sufficiently strong to make me believe that I saw light where it was not, and, moreover, on two of the nights when I saw these appearances, there was an absence of the causes that I have enumerated, as likely to excite the imagination.

Luminous exhalations from the soil are out of the question. In the same locality there were several other houses, and yet in none of them was a similar phenomenon ever seen, nor in this was it ever witnessed since or before.

Phosphorescence of the retina.—This property of the optic nerve, to which Sir David Brewster particularly refers optical illusions, is not sufficient to account for the phenomenon in question. He states that it is produced by pressure on the eye-ball. I have frequently, since, forcibly compressed my eyes with the muscles, as strongly as I could, and yet have not been able to create such appearances as those that I have witnessed at Harrington's; and if they were attributable to this cause, they should seem more vivid immediately after the candles were extinguished, than in some time after, which was not the case.

Evolution of light from the body of the sick man.—In this I believe we have an explanation of the mystery. I am of opinion that the appearances which I witnessed were dependent on the presence of phosphorescent matter in the expiratory and perspiratory secretions. The property which phosphuretted hydrogen has of undergoing spontaneous ignition when brought into contact with atmospheric air is well known, and as the components of which this is made up exist in abundance in the human body, it is not outstretching the bounds of probability to suppose that it is sometimes generated in the living system. Dr. Apjohn believes that it is sometimes the product of diseased action. Foderé states that he has witnessed in the living body the morbid secretion of a gas similar in its properties to that which, over cemeteries, by the spontaneous production of flame, forms the ignis fatuus so frequently observed in those localities. The spontaneous combustion of the human body is now generally admitted, and this constitutes a much more remarkable phenomenon than the one we have been considering; as the morbid secretions must, in this case, consist of much more inflammable materials than are merely necessary for the production of light. Tiedemann attributes the phosphorescence of decayed wood to an eminently combustible combination of carbon, hydrogen, and oxygen; and as these simple substances exist in abundance in the human body, their combination may, under particular circumstances, take place, and produce phosphorescent emanations. To one or other of these causes, I attribute the evolution of light from the body of my patient. But it may be argued, that if luminous emanations really took place from the body of this man, proceeding from fixed causes, that their operation would be constant, and their effect uniform. I do not think that their operation would be constant, as they would be modified by the state of the atmosphere as to electricity, moisture, &c.; and as to the uniformity of their action, we must take into consideration the differences in the mental constitutions of those who saw them; the faint appearances which were really seen by men of calm and dispassionate minds were regarded as mere freaks of fancy, while they were magnified into brilliant orbs and resplendent meteors by the ardent and enthusiastic, who embodied in phantasms their own hopes and fears, and beheld, in the creations of their imaginations, all the realities of direct vision.

Harrington has been dead for about eighteen months.—Nov. 9, 1839.

MEDICAL OBITUARY.

On the 15th instant, at Islington, John Cribb, Esq., surgeon, aged 76.—At Spondon, on Wednesday, after a long and painful illness, James Cade, Esq., surgeon.—At Winster, near Bakewell, on Saturday, the 11th inst., Mr. Hampton, surgeon, of the above place.—At his house, Blaengwthan, in the parish of Llangeler, in the 50th year of his age, much lamented and greatly regretted by an extensive circle of friends and acquaintance, John Havard, Esq., surgeon. He was an affectionate husband and parent, and a very sincere friend.—At Paris, Baron Yvan, formerly Surgeon in Ordinary to Napoleon, and Member of the Institute of Medicine.

HOSPITAL REPORTS.

CLINICAL LECTURE BY M. VELPEAU. DELIVERED AT L'HOPITAL DE LA CHARITE, PARIS.

DISEASES OF THE TESTICLE—TREATMENT OF HYDROCELE.

Incisions are performed with a straight or curved bistoury and may be made in any portion of the anterior surface of the cyst, proceeding from above downwards, and from within outwards; the fluid being let out, the sac is plugged with charpie, which is to be renewed every day. Suppuration is thus caused on the internal surface of the cyst, and cicatrization is effected from the bottom of the sac. In this manner we obtain a complete and excellent cure of the complaint. It is, however, not rare, that some points in the tunica vaginalis escape the suppurative action, and give rise to the formation of small cysts, which permit, to a certain degree, the return of the complaint. This operation is sufficiently painful, and takes a considerable time to effect a cure. Excision of the sac, however, takes much longer time to execute than simple incision, is infinitely more painful, and at last only forms an exceptionable mode of cure; and wishing more particularly to speak of the method of injection, and the modifications of that plan introduced by myself, I will not enter into a further detail of these two modes. All authors agree as to the instrument to be employed for letting the fluid out of the tunica vaginalis, and of introducing another in its stead. They are, however, not alike decided as to the fluid which is to be introduced for the purpose of irritating the cyst, to cause inflammation and adhesion of its parietes. Monro, a military surgeon, recommended the em-

ployment of pure alcohol, or alcohol diluted with water. Port wine was also used in his time. Others were content with using a weak solution of caustic potash, or a solution of the sulphate of zinc. I have seen, and have used myself, camphorated alcohol. In their turn, milk, plain water, or the fluid extracted from the hydrocele itself, have been used; and when one considers the result to be obtained, it is easy to comprehend that these different fluids, of so indefinite a nature, have occasionally succeeded, for they simply irritate the tunica vaginalis, and induce adhesive inflammation of its internal surfaces; hence cold water, wines of all descriptions, brandy, caustic solutions, or, in a word, any description of fluids, or the presence of any foreign body, may tend to the same result. All that is to be taken into consideration is, which succeeds the best, and carries the least inconvenience. Experience seems to decide in favour of red wine, combined with a small quantity of alcohol, or red wine in which the petals of the Provence rose have been boiled; and I did not find any necessity for using other means until 1832. I ought however to tell you, that alcohol, rejected by many writers as being of too irritating a nature, produces no more inflammation than port wine. In fact, I have seen it myself fail three times out of eleven, whilst wine that I tried in about fifty cases only failed five times; since then I have made many experiments with other irritants, and we will now examine their various effects. With some patients, inflammation will arrive at its greatest intensity the day after the injection of the wine; with others it will not occur until the third, fourth, fifth, or sixth day, and I have known it not occur until the twelfth day. The local inflammation induced by the vinous injection is frequently accompanied by a general intense reaction of the system, with fever, thirst, &c. &c.; and with some individuals the inflammation has run up even to the veins of the cord, and caused death; fortunately the latter occurrence is very rare: in other cases the system will not sympathize in the least with the local affection. The matter effused into the tunica vaginalis after the injection is soft, pappy, or semifluid, and formed, in the strict sense of the word, of lymph; it may also be combined with serum, or even true pus. This effusion continues whilst the inflammation lasts, absorption then gradually goes on so as to allow of the parts returning to their natural size, which occurrence may take place from the twentieth day to the sixth week after the operation. Whilst the fluid particles of the effused matter are being absorbed, its grosser particles become organized, and cause adhesion of the two sides of the tunica vaginalis, which become so perfectly adherent one with the other, that there remains no trace of a cavity between the testicle and its envelopes. But here, however, a question presents itself which is not yet decided—"is it absolutely necessary, for the effectual cure of hydrocele, that the cavity formed by the tunica vaginalis should be completely obliterated?" Pott did not consider its obliteration indispensable; an opinion which is held by some even to the present day. I myself believe that it may occasionally be cured without obliteration. A case of this description came under my notice a short time back, at the Hôpital de la Pitié, where the patient died from apoplexy twenty-six days after the operation had been performed; and on making a careful dissection of the parts, I found the tunica vaginalis in its ordinary state, with its naturally polished surface, containing in its inferior portion a greenish filamentous and gelatinous mass, not at all adherent to the internal surface of the tunic. Sir Astley Cooper has likewise mentioned a case in which the cavity was but partially obliterated, and the complaint did not return again. But in all these cases could one positively affirm that the hydrocele was radically cured? The inflammation which is caused by the vinous injection will occasionally, though rarely, cause the formation of abscesses; in these cases the scrotum becomes reddened, and presents all the symptoms of an abscess, which is to be opened and treated according to the ordinary plan of abscesses in general. Again, we shall find the tumour, after having diminished a quarter, a half, or three-quarters in its size, will become stationary, and the cure will be but partial in these cases: we employ with advantage topical astringents on the surface of the tumour, and it is always better to give them a fair trial before proceeding to another operation. When the tumour is of an amazing size, Bertrandi has recommended that several punctures should be made at the intervals of a few days; and when the size of the tumour is considerably diminished, then to proceed to the injection of the wine; the reason for his so doing is, that it should not cause inflammation in so large a sac, a precaution, without doubt, useful in some cases; but as a general plan one may proceed to the operation without any regard to the size, a plan which I have adopted, even in some cases where the size of the tumour was as large as a child's head, and contained a pint of fluid, without any bad symptoms following. On injecting the wine into the tunica vaginalis, the ordinary sensation felt by the patient is pain along the cord and spermatic vessels, continued and terminating in the loins; this pain is considered by most authors as indicative of a sufficient degree of inflammation, having been excited to cause the adhesion of the sac. Many surgeons think the operation will not succeed without the patients feeling this pain; this however is a mistake, since most commonly the tunica vaginalis is altered in structure, is thickened, no longer possessing the usual irritability; and then all patients are not alike sensitive. Thus we must not be misled by this sign, and consider the operation will not succeed because the patient has not complained of this pain; for when we suspect the cyst is thickened, the hydrocele is of old standing, the patient old and rather of obtuse sensitiveness, it is necessary to warm the wine, and render it more stimulating by the addition of some stronger fluid, such as the camphorated spirits of wine. One of the most unpleasant accidents that can occur to us in this operation, is the escape of the canula from the tunica vaginalis, during the process of injection, causing the fluid to be effused between the different tunics of the scrotum, the result of which is invariably severe inflammation, terminating in gangrene, and occasionally causing the death of the patient. The inefficacy of the vinous injection in some cases, the inconveniences that accompany or follow it in others, caused me to look for other means of cure, and the first I had recourse to was acupuncturation; and being informed of some successful cases, I was induced to try this innocent plan.

I have, however, not met with any success in this mode of treatment, and this year I have again had recourse to it without any success; but I have met meanwhile with some very curious circumstances resulting from this plan, especially in a case where the hydrocele was very large, and in which I operated according to the method recommended by Mr. Lewis; the day after the punctures the tumour had disappeared, and yet there was no infiltration into the envelopes of the scrotum, which remained in a perfectly normal condition, and the patient complained of no pain at all; the fluid, however, returned very shortly. I have likewise tried it in many cases, but always without success. I have also, instead of simply passing the needle, passed a few threads through the tumour, and left them there; in three days suppuration has set in, and the patient has been cured by this mode of treatment, by which I have cured many cases. I then tried the plan of compression; after evacuating the contents of the tumour by a simple puncture, the compression was made by strips of adhesive plaister applied to the scrotum, and completely enclosing it in order to bring the two surfaces of the tunica vaginalis into apposition. This plan, however, did not succeed; the effusion returned a few days afterwards. Accordingly I returned to the old plan of injecting irritants after the puncture, only using a solution of iodine instead of wine, and found it to succeed so well, that I have now entirely discarded the use of wine. The mode in which I use it is by mixing the tincture of iodine with water, one or two drachms to the ounce, and after emptying the cyst by the ordinary puncture, injecting from one to four ounces of the above mixture. In using this injection, it is not necessary that the cyst should be quite filled, all that is necessary is, that the surface of the cyst should be moistened with the injection, which may be done by first injecting a small quantity, and then, grasping the scrotum, applying slight compression; the fluid will thus be diffused over the whole sac: it is neither necessary to warm the liquid before injecting it, nor is it indispensable to completely evacuate the sac of its contents; thus we can use a much smaller syringe, such as those employed for injecting the urethra. The advantages of this plan ase sufficiently obvious; the patient suffers less from its operation than from the vinous injection, and can, without inconvenience, return immediately to his usual avocations. The cure likewise is effected much more speedily; by the iodine injection inflammation sets in rapidly, and though the scrotum swells for three or four days to a considerable degree, yet there is scarcely any pain, and resolution commences and proceeds with rapidity, so that the patient is perfectly cured in from eight to fifteen as twenty days. I have seen it even occur as speedily on the fifth day; and in one of the first cases which I treated according to this plan, the patient was cured in ten days. A short time afterwards he underwent an amputation which terminated in death. On examining the scrotum, I found the adhesions were strong in all parts of the tuni , thus rendering the return of the disease impossible. You already know that hydrocele is frequently complicated, with a chronic engorgement of the vessels of the testicle; and also that this effusion ordinarily is but symptomatic of an affection of the testicle and epididymis. The action of iodine, in these cases, is most efficacious, and I have often been surprised at the rapidity with which these complaints disappear under its use. I have likewise used the iodine injections with the same happy result in cysted hydrocele of the cord. Another great advantage the iodine injection has over others is, that the quantity used being small there is no fear of its becoming effused into the surrounding tissues of the scrotum, and producing those dangerous results which follow the infiltration of the vinous injections: some recent observations make me think that its immediate contact even with cellular tissue is perfectly innocent. A good example of this occurred to me a short time ago, when wishing to try its effects in the cure of hernia by injecting the sac after the reduction of the intestine; I, however, did not succeed in my object; the iodine injection, instead of reaching the sac, became effused into the neighbouring cellular tissue, notwithstanding which no bad symptoms occurred. Occasionally I vary the proportions of the tincture from one drachm to three, four, and even to the tincture itself, and I have found it to succeed admirably, without producing much irritation. In some cases I do not evacuate but a very small portion of the fluid, and then inject the pure tincture, allowing it to mix with the fluid; the result has always been successful. I have also used the iodine injection alternately with the vinous, in cases of hydrocele complicated with tubercular diseases of the testicle; with scirrhus or cancer, and the tunica vaginalis has become adherent without the other complaints being at all increased. The injection of the tincture of iodine does not, however, in all cases act with like rapidity, the cure being retarded by circumstances very difficult to comprehend; I have known it to take occasionally as long as three months previous to a complete cure being effected: in the use of the vinous injection we frequently fail to produce the effect we wished; but of all the patients on whom I have employed the iodine, but very few cases have proved unsuccessful. In cases of hydrocele occupying both the tunics, it has generally been recommended to inject but one at a time, lest the inflammation should produce too much constitutional irritation; but from what I have stated to you with regard to the slight inflammation produced by the iodine injection, I think we should be quite justified in operating on both at the same time, provided the hydrocele be not of a very large size. Notwithstanding the rapidity with which a hydrocele is curable according to this method, I considered it possible to even accelerate it still more; in order to obtain this point, I punctured the scrotum with a lancet, and succeeded fully. Thus we have a remedy to assist us in those cases where the iodine itself acts slowly. I previously informed you that I had entirely abandoned the plan of excision in this complaint; there are cases, however, in which we are even now compelled to

adopt it in, and that is where there is great alteration in structure in the tunica vaginalis, where there is an osteo-calcareous deposit on its internal surface, under which circumstances we cannot hope for a successful termination by any other means; a number of cysts being formed in the tunic, likewise prevent our having recourse to the injection, in these cases it being impossible to empty the sac by a simple puncture, nor of producing inflammation of its own surface; and here incision is preferable to every other method, and we do this by making a free incision into the scrotum, dividing at the same time the little cysts, and plugging with little pellets of charpie, suppuration is induced over the whole surface of the sac, and adhesion produced. The complication of varicocele does not alter our treatment at all; such, however, is not the case when complicated with scrotal hernia, when the intestine may, by rupturing the tunica vaginalis, pass into its cavity. In such cases, the surgeon should bear in mind, in puncturing the sac, the possibility of wounding the intestine; and then, were we to inject any irritating fluid in this case, we might have the most serious and fatal results; hence, in all cases of chronic hydrocele, combined with scrotal hernia, it is absolutely necessary that the intestine should be returned; this done, we should endeavour to ascertain if there exists any communication between the cavity of the tunica vaginalis and that of the peritoneum; should such not be the case, we may proceed with our plan of treatment.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

SALIVATION BY LEAD—ABORTION.

JANUARY 18.—DR. CHOWNE in the chair.—Dr. BUDD having called the attention of the meeting to one or two singular cases of salivation from lead, a discussion of considerable interest arose on the subject. Dr. GOLDING BIRD stated, that a short time since three women has been admitted in one day into Guy's Hospital, labouring under extensive salivation; but, otherwise, with no particular indication of bad health. Their gums were quite black, and apparently ulcerated, whilst their breath was fœtid in the extreme. A more striking instance of genuine salivation, like that produced by mercury, could not be met with. They had been employed at a shot-manufactory, and this circumstance, coupled with others which had latterly come to his knowledge, induced him to believe that a similar effect was not uncommon among workers in lead.—Dr. ADDISON considered it fallacious as absurd to infer that, because a person was salivated after having been subjected to the influence of lead, it should *therefore* be attributed to such influence. There were many with this state of the gums, who, nevertheless, had never been exposed to the operation either of lead or mercury; as dyspeptic patients, and those with a cachetic habit of body.—Dr. JOHNSON thought that the chief question in point was, whether the salivation *preceded* the physiological effects ordinarily following the exhibition of lead? Such knowledge might be of great advantage in a variety of cases, as enabling the practitioner to pursue the proper treatment. Was it impossible that the metal itself could so act that it should excite the dyspeptic symptoms?—Dr. ADDISON had met with cases of salivation which, at first, appeared unaccountable, but which, on inquiry, were clearly attributable to mercury having been taken years previously. It was no unusual thing for it to lie dormant in the system for a long space of time, and then, when certainly little expected, to break out in all its virulence. Dr. A. mentioned one or two cases in illustration, particularly that of a young woman, affected with catarrh, who, becoming salivated, it was supposed that she had committed some indiscretion; but being the physician who was called in, he soon satisfied the minds of her relatives that she was perfectly innocent—nay, that she had never even taken mercury! In catarrh, the mouth and gums not unfrequently presented an appearance precisely as though salivated, and mistakes might occur in consequence. Thus, it would be seen, how important it was that it should be established, that salivation could be occasioned not by mercury *alone*; the honour and reputation of the most spotless individuals might depend, indeed, upon the application of this fact.—Dr. JOHNSON observed that, in cynanche, salivation with its peculiar attendant fœtor was very common; but the difficulty was, to distinguish the mercurial fœtor from that which occurs in cynanche. The resemblance was so great, that he, himself, could not always detect it.—Dr. ADDISON assured Dr. Johnson that the cases he had alluded to were entirely free from cynanche.—Mr. STREETER then read his paper on abortion. He remarked at the outset, that it claimed no novelty either as to its facts or theories. But this remark was soon found to be needless, for it consisted of little beyond a review of the labours of Denman, Jones, Granville, and others who have written on the subject. The only points of interest we could catch were, the author's endeavours to prove that the divided ovum, which has hitherto presented characters so dubious, and led to so much discussion, was no other than a degeneration of vesicles; and his strong comments on the absurdity of the legal distinction between female criminals who are merely pregnant, and those who have begun to quicken, permitting the execution of the latter to be stayed, whilst the former are allowed no time for their deliverance. A number of preparations were handed round, exhibiting the ovum and the nascent fœtus in their several stages. The hour of adjournment having arrived, the discussion was postponed until the next meeting; and, as this comprehensive subject, abortion, has not been agitated in the society since Dr. Granville brought it forward, many years ago, we may reasonably hope that a great deal of spirit and of interest will be displayed.

ADVERTISEMENTS.

Fifth Editions of the following Works on Ophthalmic and Aural Surgery, in 12mo., price 3s. each, in cloth boards,

I.

ON DEAFNESS; its Causes, Prevention, and Cure. With a familiar Description of the Structure, Function, and various Diseases of the Ear.

II.

On CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with references especially to a peculiarly mild and successful Operation, applicable to every stage of the Disease, and at any period of life.

"Mr. Stevenson's Treatises on Deafness and Cataract," observes the last Number of the Monthly Chronicle, "have severally reached the fifth edition, which may be accepted as a satisfactory evidence of their utility. They are written with a degree of perspicuity unusual in medical books, and are equally worthy of approbation for the popularity of their style, and for the fulness of their professional knowledge."

S. Highley, 32, Fleet Street; and may be had of all other Booksellers.

Just Publishing, Price 3s. 6d., extra Cloth Boards,

THE ETIQUETTE of the MEDICAL PROFESSION. By ABRAHAM BANKS, Surgeon, K.D.S., &c.

"We thank him for his book, for it will draw attention to an important subject."—*Medical Gazette.*

"Here we must conclude, recommending Mr. Banks's little book for its high tone of honour, and rigid cast of morality. It would be well for the profession were its precepts laid to heart, and strictly acted on."—*Medico-Chirurgical Review*, January 1840.

Charles Fox, 67, Paternoster Row.

GOLD LABELS.

A NEW SET,

Engraved in Egyptian Letter for Bottles, Drawers, &c.

H. SILVERLOCK

Begs to inform his Friends that these LABELS are now ready, and that Catalogues, with a sketch of the Sizes and Pattern may be had on application at

2, Wardrobe Terrace,

through any of the wholesale chemists, or per Post.

This splendid Set of Labels, the most extensive and complete ever published, contains

SEVEN SIZES,

for Bottles, from the smallest size in use to the largest; also THREE SIZES Straight Labels for Drawers, and THREE SIZES Straight Labels with Ornamental Ends for Drawers.

The Prices vary according to the sizes, from 3s. per dozen. Address

H. SILVERLOCK,

Medical Printing Office

And Label Warehouse,

WARDROBE TERRACE, DOCTORS' COMMONS,

Where may be had every description of LABELS ready GUMMED and CUT, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c., also Fancy Labels, in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in

THREE SIZES,

with the new names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	2s. 0d.
Large	1s. 6d.	3s. 0d.

In Books, Green or Yellow.

	£ s. d.
Small Size, containing 1,036 Labels	0 17 0
Middle Size, " 1,139 "	1 5 0
Larger Size, " 933 "	1 14 0
The Three Sizes in One Book, containing 3,008 Labels	3 10 0

CATALOGUES GRATIS.

ENGRAVING AND PRINTING OF EVERY DESCRIPTION.

Lately published, price 5s., cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Ophthalmic Surgery. The appended Vocabulary, denoting the origin of names for the various diseases of the eye, is of great use to the student."—*European.*

"Mr. Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and extensive additions which he has incorporated with the original text. We commend this Manual to the medical world, but to the public generally, we cannot commend this Manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. A perusal of this work betimes would more avail than all the quacks and leeches in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well-arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to take a high rank in the standard medical library."—*Leamington Spa Courier.*

J. CHURCHILL, Princes-street, Soho.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE ADVANTAGE OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are attending the same, are permitted to attend Mr. Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (which are recognised by the Royal College of Surgeons and Apothecaries' Medical Boards), and to receive certificates of the same, without extra fees.

House Pupils received, who have extra instruction. Apply to Mr. Dermott, 15, Charlotte Street, Bloomsbury.

Mr. D.'s series of Anatomico-chirurgical Plates to be obtained on application to him.

TO SURGEONS, CHEMISTS, &c.—WRIGHT'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118 Holborn Hill. Recommended by the late Mr. Abernethy for their excellent adaptation. Wholesale prices for Cash only, 5 per count 10 per cent.—Best Jean, 12s. per dozen: ditto, extra fine Fronts, 1*l.* 16s. per dozen; Wove or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Drill, 1*l.* 4s.; real China Net Silk Purses, 2*l.* 8s. per dozen; ditto, 4*l.* 4s.; Elastic Springs, 3*l.* 12s. per dozen. Steel Spring Trusses for hernia properly adapted. Laced Stockings and Knee Pieces. Lastic Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Knee Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes on the shortest notice.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by appointment, for the Bank of England, East India House, and many other public offices, which, in the same improvements he has introduced, are rendered superior to the soft flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, and at the Manufactory, 20*A*, Holborn-hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

BRETT'S SAMPLE HAMPERS, 21s. each—The WINE HAMPERS, this year, contain Eight Bottles of Choice Foreign Wines, viz.: two of Port, two of Sherry, two of Madeira, two of Cape Madeira, with general Lists of Price.

The SPIRIT HAMPERS contain two bottles of Cognac, two of old Jamaica Rum, and two of Brett's Improved Cognac, in Pint Bottles of the Liqueur Ginger Brandy, as recommended by the Faculty.

Specimens of either kind of BRANDY, in sealed pint or quart bottles, 2s. and 3s. 6d. each; or any number of gallons carefully forwarded at 18s. per gallon.

Country remittances may be effected by means of Post-office money orders, at the cost of sixpence and a single letter.

HENRY BRETT & Co., Old Furnivals' Inn, Holborn.

HODGSON'S POTTED WELCH SALMON.—This most delicate and delightful Preparation, far surpassing any article of the kind ever yet introduced to the public, for SANDWICHES, TOAST, &c., is now with confidence recommended to the CURES, TRAVELLERS, and INVALIDS, as a great acquisition to the Breakfast, Luncheon, or Supper Table. Sold in Pots at 1s. and 2s. 6d., wholesale and retail, at J. HODGSON'S BRITISH WINE WAREHOUSE, 27, Union-street East, Bishopsgate-street, and may be had by all respectable Oilmen, Grocers, Druggists, and Fish-mongers, in town or country.

Superior British Wines, 16s. per dozen, warranted four years old.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon Scientific Principles, No. 37, Broad-street, Bloomsbury, in a direct line with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons. Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 3s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1 15	0 for Ladies.
Ditto, double joints	2 5	0 for Gentlemen
Ditto, standard silver	0 15	0 for Ladies.
Ditto, double joints	0 16	6 for Gentlemen
Ditto, finest blue steel frame	0 15	0 for Ladies.
Ditto, ditto, double joints	0 16	6 for Gentlemen
Ditto, tortoiseshell frame	0 10	0 for Ladies
Ditto, best black buffalo horn	0 7	6 for Ladies
Ditto, strong steel frame	0 7	6 for Gentlemen

The above are all glazed with the clearest Brazilian Pebble, composed of pure crystal, which is acknowledged by Opticians to be the most pellucid and perfect substance that can be used. Spectacles to suit MARINERS' POCKET COMPASSES, from 5s. 6d. to £1 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited with Spectacles by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed within which time customers may exchange their purchase without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£. 3 0
Ditto, Rosewood, inlaid with Pearl	4 0 0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from	2 2 0 to 6 6 0
Most Improved Mountain Barometer	5 5 0
Ditto, Marine, from 3*l.* 10s. to	6 . 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating Prices.

No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 19. Vol. 1. LONDON, SATURDAY, FEBRUARY 1, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SIR ASTLEY PASTON COOPER.—NO. II.

In our former paper we traced the future ornament of his profession from the pestle and mortar to the lecture-room—and noted his progress from apprenticeship at Yarmouth to a professorship in a chief metropolitan hospital. At the conclusion of his first course of lectures, intent upon advancing himself in his beloved profession, he started for Paris, to avail himself of the facilities which that city offers for the furtherance of pathological research. Here he soon attached himself to the first surgeons of that day, and from Desault, surgeon to the Hotel Dieu, gained an insight into the principles upon which injuries of the head can alone be successfully treated. At that time every injury of this description formed a subject for operation. While in this city he was a witness of some of the scenes which stain that portion of the annals of France—scenes induced by the reaction resulting from excessive aristocratic tyranny over a demoralized and enslaved population. "On the 10th of August, 1792, Sir Astley Cooper was attending an operation at Chopart's Hospital, when the fire of cannon announced the attack upon the château of the Tuilleries, and he immediately ran upon the Pont Neuf, whence he could see the Swiss guards firing from the windows on the people below. As his lodging was near the Place Victoire, he had to go through the streets near the Palais Royal, when the scene became of the most extraordinary description. The cannon was still roaring—muskets firing—the tocsin sounding—litters with the dead and dying carried through the streets—the women crying for the loss of their relatives, and from apprehensions—and bodies of men armed with pikes were carrying either the heads or some parts of the bodies of the Swiss they had killed, as trophies of their victory. On the following day he saw the king and queen go to the Temple, which they only quitted for their execution. Sir A. C. several times heard Brissot, Vergniaud, Gaudet, Marat, and Robespierre address the Legislative Assembly, and was once at the Jacobin Club. He saw two persons, a marquis and a priest, guillotined for forging assignats." Speedily forsaking scenes little suited to his taste or intentions, in the latter part of the same year he commenced practice in the midst of the City, in St. Mary Axe, where he continued for half-a-dozen years. His practice increasing he removed to New Broad-street, also in the heart of the mercantile population, and here he remained for seventeen years, daily extending his practice and his reputation. But let not any young aspirant to medical emolument or renown imagine that Sir Astley Cooper gained his position in his profession or in society merely by the force of his genius or talents, or the weight of his purse or his connexions. Although these advantages were of infinite, nay vital, importance for enabling him to take his first commanding position,—yet his after successes, and ultimate brilliant triumphs were all the result not only of natural capacity, but unwearied and unflinching industry. Hear it all students—study it all young practitioners—imitate it all who feel the throes of young ambition prompting to the achievement of renown. "During a long practice, he never omitted to deliver his regular lectures, and the detail of his daily labours is a matter almost past belief. Sir Astley was always, and still is, an early riser, and the first hours of the day were devoted to the making dissections, arranging of preparations; and patients in his neighbourhood were frequently visited before the hour of breakfast, which usually occupied but a few minutes. Patients applying at his residence for advice, were then seen until one o'clock; after which, the hospital was visited, a lecture on anatomy and physiology delivered, operations performed, &c.; the patients visited at their own homes until seven o'clock, at which hour, or frequently later, a frugal dinner was taken, with a very limited quantity of wine, for Sir Astley has been remarkable for his temperance. After dinner, a repose for a quarter or half an hour; and then again, twice a week to lecture on surgery, and to visit patients until midnight." During all his career there was one task which he never neglected, and it is one which all surgeons should fulfil. For upwards of forty years he has made notes of every case in anywise remarkable, which his extensive practice afforded; and these evidences of continued industry are still in progress of accumulation.

Formation of a College of Physicians and Surgeons in Upper Canada.—A bill has passed the Provincial Parliament of Upper Canada, incorporating a "College of Physicians and Surgeons" in the Province. Among the provisions, is one imposing a fine of £5 upon any person practising physic, surgery, or midwifery, without the license of the College; the penalty to be recovered summarily by conviction before a justice of the peace, upon the oath of one credible witness. Military and naval medical men in actual service and midwives are excepted. A supervision and control over apothecaries is also granted to the College, and a power of imposing a fine o £2, to be summarily recovered, for breach of such regulations as they may ordain for the government of all persons vending medicines.

Anti-Reform Medical Club.—We understand that Sir Henry Marsh has subscribed 50*l.*, Messrs. Colles and Read 20*l.*, and Mr. Kirby 10*l.* to a club which has lately been established in Dublin, for the purpose of opposing medical reform, which is so much desired by the mass of the medical profession in the three kingdoms. The club is to hold its meetings at a tavern.—*Limerick Chronicle.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

HYDROPHOBIA.

The term *Hydrophobia*, which means simply *a fear of water*, is applied to denote that dreadful (and indeed, so far as our present knowledge goes, invariably fatal) disease; which is also called *Rabies*, or *Rabies canina*—by the French *La Rage*—and madness, or canine madness, in English. It is a disease produced in the human frame by the introduction of a poison through the medium of the bite of an animal affected with the same disease. The poison is introduced in the saliva. It is the saliva of an animal labouring under hydrophobia, or rabies, that acquires the peculiar poisonous property which renders it capable of exciting a similar disease in other animals. No other part of the frame is affected except the secretion of the salivary glands;—no other fluid nor any solid part of the body possesses this property. It has been sometimes vaguely supposed, that the prespiration and breath of a patient labouring under hydrophobia were capable of affecting other individuals; but this is a mistaken idea. Dupuytren had an opportunity of trying whether the blood of a person, labouring under hydrophobia, is altered, or possesses in any respect the virulent property which belongs to the saliva. He took the blood of a patient affected with rabies, and applied it to a recent wound made on a dog, without this animal becoming affected; and he applied the blood of a dog, labouring under hydrophobia, to the recent wound of another; he even injected the blood of a rabid dog into a healthy dog, and he found that no effect was produced through the medium of this fluid. We are only acquainted with hydrophobia as the result of the affection, or rather infection, which takes place through the medium of of a wound. In this respect the disease is propagated, as small-pox is, by inoculation; but hydrophobia cannot be communicated, like the small-pox, through the medium of the atmosphere. It requires the application to a recent wound of the saliva of an animal already labouring under the disease. This is the only way in which the effect can be produced.—Now it has been inquired, and you will naturally ask, whether hydrophobia ever arises *spontaneously* either in the lower animals, or in men? It is difficult to answer this question in the case of the lower animals, because if symptoms of disease show themselves, we cannot tell what circumstance may have happened to the animal previously. We can hardly arrive at a clear negative proof on the subject. I may observe, however, that so far as our information goes, we do not know of its arising spontaneously, or of its originating from *internal* causes. In fact we are not aware of its being produced by internal causes, nor any external influence, except through the application of saliva in the way that I have mentioned.

A gentleman, who had a large number of dogs, succeeded in keeping this disease from his canine establishment, by following the rule of making every dog perform a quarentine before he allowed it to join the pack. In some similar situations too, it has been known, that although dogs have abounded very much, hydrophobia has not shown itself for a vast number of years. It is mentioned by Dr. Hunter, that in the island of Jamaica, where dogs are very numerous, no case of hydrophobia has occurred during a period of forty years. The mention of Jamaica leads me to observe, that the common notions respecting the warmth of the climate and the heat of the sun as favouring the production of hydrophobia, are by no means well founded. It has been supposed that hydrophobia can only take place during the hot, period of the

year. This is not the case. I recollect an instance in this hospital of a patient under my own care in winter—I remember the circumstances particularly. The patient was thirsty, but could not take fluid—I got some ice, and he took it into his mouth, and ate it with great avidity, a mode by which the thirst was assuaged without exciting the symptoms from which the disease derives its name. Hydrophobia is said to be rare in the West Indies, although the dogs are numerous. Heretofore it is remarkable that hydrophobia did not exist in Egypt; and the French observed, during their residence there in their last campaign, that the complaint was not known either in the canine or in the human species. We have every reason to think that the complaint cannot originate spontaneously in the dog. May it originate spontaneously in the human species? As far as our knowledge at present goes, we should answer the question in the negative. It is true that something of an aversion to water—something of what might in fact be called *hydrophobia*, is sometimes seen as a symptom of other diseases. Some people have a kind of aversion to water. A spasmodic action may be produced in the throat by an attempt to swallow—in fact there is a kind of sympathetic hydrophobia, which may occur as the symptom of another affection. But if we speak of that marked terror and aversion to fluids, which constitute so striking a feature in the fatal affection distinguished by the term rabies, we only know of the affection being introduced into the system through the medium of a wound. The animals which are liable to hydrophobia are, besides the human subject, the dog, the wolf, the fox, the cat, and the ordinary domestic quadrupeds—that is, the horse, ass, mule, cow, sheep, pig, and I suppose also the bear, though I believe it is not common to that breed. Perhaps other animals may be susceptible of it, but the experiment has not been made of communicating the affection to them, and they are not generally placed under circumstances that lead them to contract it in the same way as those above mentioned. I believe the disease can only be communicated from the dog, the wolf, the fox, and the cat. Now the three first are very nearly allied in species, and, in fact, are capable of breeding with each other. The late Duke of Richmond lost his life in consequence of hydrophobia contracted by the bite of a fox in Canada. The wolf suffers much from hydrophobia, and it frequently occurs in the human species were wolves are found to abound.

It is an important question, whether the disease can be communicated from one human being to another, or by the human species to other animals? There is no instance known in which it has been communicated from one human being to another. Great fear has been excited, as it has been supposed that a person, labouring under hydrophobia, is inclined to bite and snap at others, and that great danger would arise of communicating the disease in this way. But, in the first place, it is not a common thing for a human being to have a disposition to bite, and probably if a bite took place, no effect would be produced by it;—at all events numerous experiments have been made on animals, with a view to convey the poison of the human species to them. The saliva of a person labouring under hydrophobia has been injected into wounds in different ways, in various animals, and these experiments have all failed except in one instance. It is mentioned that Magendie and Breschet took the saliva of a patient labouring under hydrophobia, and applied it to recent wounds in two dogs. This was done on the 19th of June, and on the 26th of July one of the dogs thus affected went mad, and bit two other dogs, one of whom died rabid on the 26th of August. So that if these experiments be correct, and the high reputation of those that are said to have made them leads us to place credit in the statement, we must admit that the saliva of the human subject has the power of communicating the affection. This is the only fact, however, that I know of which tends to establish the point.

We have not anything to do with the disease as it appears in the dog, yet it is well that a medical man should be aware of some points relating to the appearance of it externally in that animal, because his opinion is occasionally asked, in consequence of bites received from dogs, whether a particular animal may be supposed to have the disease or not. Now, in the first place, the dog does not labour under any terror of water; he has not any aversion to fluids. The dog will lap and drink, and go into the water, without displaying any of those symptoms that are exhibited in the human species. In fact, the disease so far cannot properly be termed *hydrophobia* in the dog; nor, in truth, are there exhibited in this animal any of those symptoms of great rage or fury which might be supposed to justify the name rabies, which means madness or rage. When the dog has hydrophobia, his manner becomes considerably altered. He grows peevish and sullen. He will, perhaps, not take notice of those he is accustomed to. He will stray from home and run wildly about; he will not go out of the way to get at other dogs or individuals, but is apt to bite those that come across him. He picks up and swallows small objects, gravel, grass, bits of wood, and a variety of minute substances of that kind. When he is tied up towards the latter part of the complaint, he will gnaw and bite the objects around him. He will grow angry, and seems wild if he is approached, and his chops are covered with a considerable quantity of tough saliva—and in that way he dies.

The disease is most frequently communicated to the human subject by means of a bite; in fact, the saliva of the rabid animal must be brought into contact with a recent wound, or with an ulcer, that is, with a breach of the surface of the body. It is not absolutely necessary, however, that this should be effected through the medium of a bite. An instance occurred many years ago, which attracted public attention very much, as it happened in the person of an elegant and accomplished foreign lady. She had a French poodle, and being fond of him, she allowed the animal to lick her face; and suffering the dog after he had become rabid to treat her with his ordinary caresses, he licked the surface of a pimple; she was thereby attacked by hydrophobia, and died from it.—Now wounds are not always equally effectual in conveying the poison. In the first place, a person may be bitten on a naked portion of the body, or on a part covered with clothes. You will easily understand that in the latter case the teeth of the animal are in a manner wiped or cleansed in passing through the dress of the person, and thus the virulent matter may be removed before it reaches the surface of the body. A great proportion of the bites that take place in the covered parts of the body are unattended with any bad consequences.

There is nothing peculiar in the appearance, progress, or mode of healing in a wound inflicted by a rabid dog. The injury goes through its progress just in the same way that a simple wound would do, and it heals without our perceiving any difference. As to the interval of time that elapses between the receipt of the injury and the occurrence of the symptoms—in this respect, hydrophobia in some degree corresponds with small-pox, cow-pox, scarlet-fever, measles, and syphilis. There is, in fact, in hydrophobia a tolerably definite and regular period, as in the four former instances, but the cases of hydrophobia more resemble the latter in the period between the receipt of the infection and the occurrence of the symptoms. Generally speaking, the disease shows itself between thirty and forty days from the infliction of the wound. In a considerable number of instances that were collected by a medical society, the period of its appearing varied from thirty-one days to seventeen months. There may, perhaps, be some difference as to the appearance of the disease in the cases of wounds received from different animals, but there is hardly evidence enough to determine the point. In fifteen patients, whose cases occurred under the observation of one surgeon, the time varied from fourteen days to fourteen weeks. Seventeen persons were bitten by a wolf; ten of them had hydrophobia, one at the fifteenth day, and one so late as the sixty-eighth day. Fifteen persons were bitten by a mad dog on the 27th January; ten received bites on the naked flesh; of these five died. The deaths occurred between the 27th February and the 3rd April. Dr. Bradsley, of Manchester, has given an account (in the Memoirs of the Literary and Philosophical Society of that town) of a case of hydrophobia, in which, after the most accurate inquiry he could make, he could not detect any cause of the symptoms, except the bite of a dog, supposed to be mad, that had been received by the individual twelve years before.—It has sometimes been observed, that changes take place in the part that has received the wound, before the symptoms of hydrophobia show themselves. Of course, ordinarily speaking, the wound is completely healed, and the patients have forgot the occurrence, before the time the hydrophobia has come on. But it has been noticed that the wound frequently becomes a little red and swelled, some degree of pain is experienced in the limb where it is situated, and the shoots along the part towards the trunk before the peculiar symptoms of hydrophobia show themselves. But in other cases, nothing of this kind occurs, and patients often have forgot that a wound has been received when the symptoms of hydrophobia occur.

The SYMPTOMS have been divided into the first and second stages. In the former, the patient usually first experiences some pain in the limb, and some general, undefined indisposition; and soon after such symptoms have appeared, the characteristic effects of the disease show themselves that is, the patient begins to exhibit the peculiar symptoms of aversion or dread of liquids, and to pass into a state of very high cerebral excitement. The dread of liquids is very commonly discovered by the patient accidentally: he goes to take some liquid or other, and he finds on bringing it to his mouth, or in attempting to swallow it, that the most violent convulsion is excited in the muscles of deglutition. If any fluid be admitted into the mouth, it is rejected by the patient, who turns away from it with aversion. After having experienced the severe convulsion, and the dreadful pain which the attempt excites, no inducement can lead the patient to repeat it; or if he did, in compliance with the desire of his friends, or of the medical practitioner, and they brought a vessel towards him with water, they would be obliged to put it away again. There is a spasm of the muscles of the throat first produced, and subsequently agitation of the whole frame, that render it impossible for any person to persevere in an attempt which leads to such painful results. Hearing liquid poured out into a vessel will bring on a spasm of this kind. Anything that can raise the idea in the mind of liquid, or the sound of anything resembling it, will be sufficient to bring on an augmentation of the spasm. It has sometimes happened that persons of strong mind, who have been desirous to overcome this feeling, have attempted actually to swallow, but it has produced a degree of convulsion threatening suffocation if they only took any fluid into their mouth. In conjunction with this, there is a peculiar state of excitement of the nervous system. The slightest cause will bring on a paroxysm, and the patient is pursued by a thousand fancies that intrude themselves upon the mind. He supposes he is holding converse with a great number of individuals; that persons are coming into the room to attack him; he fancies himself in danger, difficulty, and distress. These thoughts come in rapid succession one after another, and keep the patient in the highest state of mental excitement. This is attended, of course, with acceleration of the pulse, and there are also pain of the head, a foul state of the tongue, and a disturbance of most of the organs of the body. You will naturally suppose that the disease cannot last very long. Hydrophobia terminates fatally in a period of between thirty-six hours and four or five days. Sometimes, indeed, it ends in a shorter period than that I first named. I have seen death ensue in a young subject in twenty-four hours. The high state of excitement of the nervous system has worn out the feeble powers of a child within the short period that I have mentioned, so that twenty-four hours of suffering have been sufficient to destroy a child previously in good health. The symptoms are not invariably the same in all individuals. There are periods of ease and of extreme suffering, in most cases. Sometimes the mental powers remain very clear throughout the complaint. Sometimes a state of delirium, or one nearly approaching it, prevails throughout the greater part of the complaint. But, altogether, the excitement of the

nervous system is so peculiar, that a person who has once seen the affection cannot fail to recognise it again. It is a state that can be confounded with no other disease; so that I think no person who has once seen a case can entertain a question whether there be really such a malady as hydrophobia. The affection is so different from everything else, that I do not know any kind of disease that can be confounded with it.

Dissection has not elucidated very materially the nature of this dreadful affection. The morbid appearances do not correspond, in degree or importance, to the severity of the symptoms, or to their fatal termination. Slight appearances of an inflammatory character are found about the fauces —perhaps in the trachea; something similar may be found in the stomach, while a determination of blood, vascular congestion, and perhaps serous fluid in the cellular texture of the pia-mater, are found in the head.

With respect to the TREATMENT of hydrophobia, I can only observe, that we are not acquainted with any plan, or any medicine, that seems to exercise the least power over the symptoms of this dreadful complaint; at least there is no authenticated instance existing of recovery, after the symptoms of hydrophobia had once manifested themselves. Opium has been freely administered in this complaint by the mouth, and in the form of clyster, and by injection into the veins. Immense quantities have been given in these forms. Here, as in tetanus, opium exercises much less effect on the frame than it does under ordinary circumstances, so that immence doses can be borne. Magendie observes, that certain doses of opium injected into the veins of a dog, will set the animal to sleep; but ten times the quantity injected into a dog labouring under rabies has no effect upon it. He also remarks, that a singular effect is produced on the animal economy, by causing a state of artificial plethora of the blood-vessels—that is, by injecting warm water into the veins. He tried this in the human subject. He threw a pint of tepid water into a vein, and he found the symptoms were mitigated for a time, and the patient was able to sleep. It seemed as if very singular benefit would be derived from the attempt, but the symptoms again came on, and the patient died at the end of five days. A proposition was made, founded on cases said to have been treated in the East Indies, for employing copious venesection in hydrophobia. Now you will easily suppose that the loss of blood had been already tried in a complaint of this kind. However, a patient had been bled largely, in an instance in which a favourable result was said to have occurred, in the East Indies. Since that, free venesection has been had recourse to in this country. It was found that the loss of a large quantity of blood would occasionally mitigate the symptoms for a time, but that was all the effect produced: it had no effect in postponing the fatal termination. We come, then, to the only point in which medical men can be of any service—that is, *prevention*: and here the interval of time that elapses between the infliction of the wound and the appearances of hydrophobia, affords an opportunity for adopting measures of this kind. Various means have acquired popular celebrity in the prevention of hydrophobia, to which we are not able to attach any real efficacy. Thus it has been supposed that dipping in salt water, after a wound has been received, will prevent the disease from occurring. This is popularly practised in many parts of England. I recollect, when I lived in the country in my youth, hearing of such a person, bitten by a mad dog, who had gone to be dipped in the salt water. They used to go to the Bristol Channel, where persons were in the habit of ducking them, and then the people were satisfied that they should not go mad. I believe this practice is continued to the present day. Various medicines have acquired great celebrity, and we can easily account for this: it arises from the fact, that out of all the persons bitten by dogs, very few go mad; therefore many persons may be bitten by dogs, even by mad dogs, and may adopt these means, and not have hydrophobia, although they would not have had hydrophobia if these means had not been employed. In fact, I may observe that hydrophobia is a much less common occurrence than people suppose. During the last thirty years, there have been but few cases of it in this hospital; I question whether above six or eight; and I think that, in from fifteen to twenty years of that period, there was not a single instance. Certainly the cases have been more numerous of late years; but, during fifteen or twenty years, you might meet several medical gentlemen, of considerable practice, and there would not be one who had seen a case of hydrophobia; so that the disease is not common. Now, inasmuch as the complaint is produced by the introduction of a poisonous substance into a wound, common sense seems to point out one mode of proceeding as likely to prevent it—that is, *ablution*; washing the wound thoroughly, to get rid in that way of the poisonous matter. But this mode, though so apparent, is generally neglected. I do not think that persons take great pains to get out, in this way, the poisonous matter from a wound of this kind. Hence it is not to be considered as an unnecessary caution which has been given by a late writer, who has published a small tract on hydrophobia, the principal object of which is to recommend ablution as a means of prevention. He recommends the use of tepid water—that is, from 90 to 100 degrees. You must pour it out of a tea-kettle, and hold it four or five feet above the wound; or you should inject into the particular part that is injured, through the medium of the stomach-pump, water of the same temperature—and you should carry this ablution on for two or three hours. The practice of applying caustic, or cauterising the parts, has been resorted to in wounds, more particularly where these have been extensive, or persons have been desirous to avoid the use of the knife. If nitrate of silver, or any other powerful escharotic, could be applied to the whole surface of such a wound, it would neutralize or destroy the effect of the animal poison that adhered to it. But, after this mode of proceeding, we can hardly be safe in saying that we have completely succeeded in applying the caustic to the entire surface of the wound, in such a way that there is no possibility of any particle of the saliva escaping the action of the caustic. It happened to Mr. Hunter to adopt this method in the case of a young boy who had received a bite. He was the son of parents of consequence; but, through a particle of saliva remaining in the wound, unfortunately hydrophobia afterwards came on. Thus the application of caustic is not to be considered as a safe mode of proceeding. A third mode is incision of the bitten part; cutting out the whole of the wounded surface; taking care to remove, with a knife, the whole of the parts that have been injured by the teeth of the animal. I need not observe to you, that, if this be effectually done, there can be no risk of the subsequent appearance of hydrophobia. It is necessary, before you begin to do this, that you ascertain, as far as you can by previous examination, how far the teeth of the animal have penetrated in any particular situation, taking care that the excision goes beyond the part to which the teeth have reached. When you consider the great importance of the object you have in view—rescuing a patient, not only from death, but death the most appalling to the individual and to all those interested in him—you will consider it better to be rather liberal in your excision than to be sparing. On this account it is better to put the patient to a little additional pain, to increase to some degree the size and extent of the scar, than to run the risk of leaving a part through which the poison might be introduced to the system. This is the great means of prevention; it is the means on which your principal reliance must be placed. But the practice of excision is not inconsistent with ablution; in fact, some recommend ablution to remove the poison, and then excision after—first to stop the progress of the poison by ablution, and then to cut out the whole surface of the wound. Now the practice of excision need not be confined exactly to the time immediately following the infliction of the wound; it will answer the purpose very well if it is done several hours after the wound has been inflicted. You will recollect what I mentioned to you of the interval of time that elapses between the infliction of the wound and the appearance of the symptoms. Some have supposed that the poison remains in the part from the time it is deposited there, from the teeth of the dog, until the symptoms commence. Of course we have no certain knowledge upon this subject, but it is not unlikely that the poison may remain in the part—that its effects may not extend beyond the part itself for some length of time after the wound has been inflicted; and then the question arises, how long a time after the wound has been inflicted may excision be practised with success? What is the limit? May it be practised at any period between the infliction of the wound and the occurrence of the symptoms, or not? We have no clear knowledge upon this point. So far, however, as our information extends, and so far as reasoning on obvious principles goes, we should think it probable that the excision may be advantageously employed some days after the infliction of the wound. There is, however, this difficulty—we often do not know how far the wound has extended; it is while the wound is still open that we see its extent, and are sure that we remove the whole of the injured surface. Some recommend, after ablution and excision, the application to the surface of the part of a plaister or poultice covered with mercurial ointment. Cupping glasses have also been employed.

STINGS OF INSECTS.

In the sting of insects there is a small wound inflicted, and there is an acrid substance introduced into the wound. I speak of the sting of the bee, the wasp, the hornet, and tarantula spider. The wound is extremely minute, and of course the quantity of acrid matter introduced is small. It produces, however, a sharp pain, or smart tingling sensation, with slight swelling, and induration of the cellular texture, with swelling of the surrounding parts. The application of any cold liquid is sufficient to remedy the inconvenience that arises from a cause of this kind. In fact, the sting of a single insect, the wasp or the hornet, produces but a trifling effect. When, however, a considerable number of these stings are received, a very serious influence may be produced on the animal economy. I think it is said that about twenty hornets, and a few wasps, are sufficient to sting a horse to death. A case is mentioned in the French Journals of a gentleman walking in his own garden. A large bee-hive opposite him was turned over, and he imprudently ran to stop the bees and adjust it, in consequence of which they set upon him, and stung him, particularly in the upper part of the the chest. He ran to his house, and the persons around him endeavoured to separate him from the insects, but he said that he felt himself sinking, and, in fact, in ten or fifteen minutes he died. The action of the heart became very much enfeebled, the pulse sunk; anxiety, and agitation, and alarm came on, and, in fact, the gentleman died. There are certain insects which bite and which do not sting—that is, they make a small wound by certain parts which compose their mouths, but no venomous or acrid substance is introduced into the wound. This is the case with the flea, the bug, the gnat, and the scorpion. The bites of these insects produce a slight local inflammation somewhat similar to that produced by the sting of the insects that I have just mentioned. But a considerable number of wounds of this kind may take place in an individual without serious consequences. I have a few words to say respecting the venomous bites of serpents, but I shall defer them.

Mr. Whateley has applied to the Queen's Bench for a *quo warranto* against Dr. Birt Davies, in reference to the office of coroner at Birmingham, usurped, as Mr. Whateley alleges, by the latter. The court granted, as of course, a rule *nisi*. The reports of the application are very imperfect; but we understand that all the points of dispute respecting the charter are meant to be raised. The court has intimated a wish that these points should not be argued on the motion for making the rule absolute, but by demurrer on the return to the writ.

SPIRIT OF THE MEDICAL PRESS.

ON THE DURATION OF HUMAN LIFE.

THERE is a very elaborate paper in a recent number of the Bulletin Belge on this subject by Dr. Bellefroid who seems to have devoted much time and study to statistical researches. The following extracts will be read with interest.

DURATION OF GENERATIONS.—It is commonly believed that a generation lasts upon an average from 30 to 33 years, and thus that there are usually three generations, following each other, in the course of a century. The inquiries of M. Villot, the keeper of the archives of France, confirm the truth of this opinion. From these it appears that the duration of a generation, in the *male* sex, is very nearly 33½ years among the upper classes of the Parisians, who have preserved their family records. It is to be observed, however, that what M. Villot understands and means to denote by the expression *duration of male generations* is the interval lapsing between the birth of the father and that of his eldest son. It would seem, therefore, that the duration of a generation—taking it in this sense—is very nearly the same as the medium or average duration of life in the country. In most of the countries of Europe, this may be estimated at 30 years, or thereabouts. Dr. Caspar, of Berlin, has with Germanic industry endeavoured to make calculations for the entire populations of the world. He reckons the population at 900 millions, and the medium duration of life at 33 years: (this last number is certainly much too high.) From these data he concludes that upwards of 29 millions of human beings die annually, 80,000 daily, nearly 3,300 hourly, and 58 every minute. Well indeed may the learned Doctor exclaim, after announcing these awful ravages of insatiate Death, "What then are wars, and pestilences, and battles, and earthquakes, to the great household of creative nature!"

INFLUENCE OF SEX ON THE DURATION OF LIFE.—The average life of males is in general shorter than that of females at every period of life. Even in reference to still-born children, there are many more such among male than among female births—omitting from our consideration the excess of the former over the latter.—In Belgium, of 2,597 still-born children, 1,517 were males, and only 1,080 were females—a proportion of nearly 15 to 10, while the proportion of the male births to the females is as 15 to 14. The same result has been found at Hamburg, Paris, and Geneva; and we are told that in Prussia, during the years from 1826 to 1831, there were 59,144 still-born males, and only 43,533 still-born females. Dr. Caspar has calculated that, if the chances of life were equal in the two sexes, the number of still-born males should not have exceeded 25,769, instead of 59,144. It is certainly not easy to determine the cause of this very marked difference in the mortality of the two sexes, at the period of birth. Dr. Joseph Clarke, and more recently Dr. Lombard, of Geneva, have accounted for it by the greater size of the male over that of the female children, and by the consequent greater impediments to an easy delivery. But, although we admit this explanation, how are we to account for the female sex retaining the advantage at almost every period of life?

In England the probable or insurable life of female children, at the period of birth, exceeds by about five years that of males. It is true that they lose this advantage after the first year, and that their chances of life are even less than those of boys at 4, 7, 8, 9, 11, and 14 years of age; but at 15 years—the age which usually indicates puberty—they recover in part the advantage which they had at the period of birth, and they continue to retain it, with only slight exceptions, till about the 75th year, when the chances of the two sexes are about equal.

It appears that, during the periods of fecundity and of change of life or catamenial cessation, the mortality is greater in the female than in the male sex; but, with these exceptions, the advantage is decidedly in favour of the *beau sexe*; and they scarcely deserve to be considered, if we bear in mind that the number of women, who reach the age of twenty years, is much greater than that of men. It would seem, however, according to the results of M. Quetelet's inquiries, that there is a marked difference in reference to the advantage of female over male life in the inhabitants of the town and country. In the former, the advantage is decided and very considerable—nearly by *eight* years at the moment of birth, and scarcely ever less than *three* years up to the sixtieth year; whereas in the latter it would appear, that the chances are in favour of male life from the first to the fortieth year, and that it is only from this last named to the sixtieth year that female life has the advantage.

From a table, compiled with much care, it would seem that the country is favourable to the life of children of both sexes up to the fifth year, but that it is rather injurious from this date to the 20th year in males, and to the 50th year in females; for, whilst women of towns lose scarcely *one per cent.* more than men from the 30th to the 40th year—the chief period of fecundity—and the mortality among them remains even below that of the male sex during the period of the ferment of the passions—from the 20th to the 30th year—the loss during the former period among women of the country exceeds that of males nearly *three per cent.*, and during the latter period it is equal. Whether this difference arises from the over-laborious life to which the wives of peasants are subjected in Belgium, or from a greater mortality among them during accouchement in consequence of neglect and improper attendance, has not been ascertained. Be this as it may, it seems now to be very generally admitted that CHILD-BEARING DOES *scarcely*, IF AT ALL, *add to* THE MORTALITY *in the* FEMALE *sex*.

This position seems to be established by comparing the results of reports from lying-in institutions with those of ordinary statistical tables. Of 118,187 women delivered in the Dublin Hospital from the year 1757 to 1828—and let it be remembered that a great many of these were destitute and sick when admitted—one only died in 83; and at Berlin, from 1819 to 1822, there was only one death in every 152 women who were confined; whereas, on an average in the same city, the mortality among men from 20 to 30 years of age is 1.8 in the same number 152. So much for the commonly supposed increase of mortality from child-bearing.

Let us now see whether there are any real grounds of alarm for what has been called the *critical epoch of female life*. According to the researches at Paris, Berlin, Petersburgh, and in Sweden and Switzerland, it appears that the mortality in a hundred among each sex between the ages of 40 and 60 years of life is as follows, leaving out the fractions:—

Age.	Men.	Women.
40	8	7
45	10	8
50	12	9
55	14	11
60	17	13

So that, if there is in the human race any thing *critical* between the ages of 40 and 55 years of life, it is rather in the male than in the female sex. We may therefore conclude with M. Benoiston that "if we examine the mortality among the female sex from the 40th to the 60th degree of north latitude on a line extending from Marseilles to Petersburgh, passing by Nevers, Paris, and Stockholm, we shall not find, at any epoch of life from the 30th to the 60th year, a sensible augmentation (of the mortality) beyond what may be expected from the natural effect of the advance of age: whereas, at all the epochs of life in males from their 30th to their 90th year, we observe a considerably greater increase of mortality among men than among women." It would appear, therefore, that there is no real foundation for the common idea that the critical (so called) period of life among the latter affects the rate of mortality in the sex.

It is certainly not very easy to account for the almost uniform greater mortality among males after the period of puberty. We have alluded to the destruction of health from the dangers and excesses, both physical and moral, to which the one sex is exposed more than the other, to the havocs of war, to the losses at sea, &c.; but these influences, although certainly not inoperative, are not sufficient to explain the question at issue. M. Benoiston has found that a similar excess of mortality in the one sex exists among monks and other male recluses, compared with that among nuns. The most puzzling part of the whole problem is to account for the greater mortality in the male sex during the first year of life—and, we may add, before birth, as indicated by the number of still-born children—before any of the physical or moral influences, which have been often considered as affording a solution of the difficulty, are brought into play. We shall now proceed to another topic of this statistical inquiry.

THE INFLUENCE OF MARRIAGE AND OF FECUNDITY ON THE DURATION OF LIFE.—Hafeland and Deparcieux were the first who affirmed that celibacy shortens life. Dr Ogle concludes, from the results of very numerous inquiries and calculations, that the average or medium life of a married woman is always superior to that of an unmarried one, except perhaps in extreme old age; at the age of 20 the difference is at least 10 years in favour of the former. The correctness of this conclusion has been amply confirmed by the researches of Dr. Caspar of Berlin, and also of M. Benoiston.

It should be remarked, in reference to the difference of mortality among the married and unmarried men, from the age of 20 to that of 30 years, that the disproportion is not really so great as it seems at first sight; for in Holland, as in Belgium, the greater number of marriages among men occur at from 28 to 30 years of age; and those persons who marry earlier are generally in easy circumstances—the favourable influences of which on the duration of life we shall presently shew. On the other hand, the apparent excess of mortality among married men, as life advances, will deceive us, unless we keep in mind that at the age—say of 45 years—a much greater number survive among them than among *celibitaires*. It is however remarkable, that of an equal number of 100 individuals of each class there survive 22,2 married men at 70 years of age, whereas there remain only 5,7 celibitaires at the same period of life. M. Benoiston is of opinion that the probable life of a married man at the age of 20 exceeds by 19 years that of a bachelor at the same period of life.

The beneficial influence of marriage on the duration of life is certainly more striking in the male than in the female sex; but even in the case of the latter, it is only necessary

look over Caspar's table to discover that at almost every period of life, even during the periods of fecundity and of the critical change, the advantage is decidedly in favour of married women.

M. Benoiston has calculated what he considers to be the chances in favour of married over unmarried men at different periods of life, and the results may be briefly stated in the following table:—

Age.	Difference in favour of married men.
30	17 years.
45	18 years.
60	8 years.
70	4 years.
80	1 year.
90	0 year.

From *Bulletin Medicale Belge.—Translated in Med. Chir. Rev.*

REMEDIES IN SYPHILIS.

1. PARTICULAR PREPARATIONS OF MERCURY.—*The Proto-Iodoret of Mercury.*—MM. Cullerier, Biett, and several others, employ the proto-ioduret of mercury in preference to the bichloride, as more certain in its effects and less liable to decomposition. This prepation may be employed in primary syphilitic sores in strumous habits, but is chiefly resorted to in chronic affections and in those varieties of disease which have been described by authors as constitutional syphilis.

M. CULLERIER'S FORM FOR THE EMPLOYMENT OF THE PRO-IODURET OF MERCURY.

℞. Hydrargyri proto-ioduret, gr. xij.
Ext. v. Pulv. Opii, gr. vj.
Gummi Guaiaci 3 j. M. ft. Pil. xxiv.
Capiat 1 nocte maneque.

POMMADE OF VAL DE GRACE.

℞. Hydrargyri proto-ioduret, ℈ j.
Adipis, 3 j. M.

Employed in friction upon tumours and indolent buboes after all acute inflammatory symptoms have disappeared.

It is principally, says M. Cullerier, in secondary syphilis that the proto-ioduret of mercury is administered with success. Its effects are principally evident in secondary ulceration of the mucous membranes, cutaneous tubercles, exostoses, and chronic affections of the joints, where the other preparations of mercury have had little effect.

The deuto-ioduret of mercury may be employed in friction or in pills, in the same manner as the proto-ioduret: it is stronger and more stimulating, and consequently should be administered in smaller doses. Both these remedies may be advantageously employed in all cases of secondary syphilis, with more certainty and less risk than the deuto-chloride; also in indolent buboes, in obstinate ulcers with hardened base and edges. In all instances they must be guarded by opium, and the patient must be submitted to a strict dietetic and antiphlogistic regimen during their employ. The dose of the deuto-ioduret from 1-16th of a grain to a grain.

We would observe that recommendations to employ these mercurial preparations in what are called "secondary symptoms" must be carefully scrutinised and cautiously acted on. Four-fifths of "inveterate secondary symptoms" are not secondary symptoms at all. They are cachectic symptoms mostly due to mercury, and aggravated by its further use. And the advice to keep patients on antiphlogistic regimen during the exhibition of medicines of this class is to be received cum grano salis. As a general rule, low living and depletory treatment do not answer during a course of mercury. Salivation is more likely to occur, the health is more liable to suffer, and cachectic symptoms more apt to be developed or increased. Certainly it is not in the *treatment* of disease, be it what it may, that we would take continental practitioners as guides.

The Cyanuret of Mercury.—The following account and formulæ are given us by Mr. Parker. The cyanuret of mercury is now frequently employed in preference to the bichloride, and for the following reasons. It is more soluble and not so liable to decomposition, acts more quickly, and does not occasion those pains in the stomach and bowels that so frequently accompany the prolonged administration of the bichloride. According to the researches of M. Parent, the cyanuret of mercury is not decomposed by either acids or alkalis, nor by decoctions containing azotised principles or gallic acid. The cyanuret of mercury may be administered internally in pills, or in solution, and used externally in form of pommade or ointment. M. Cullerier employs the cyanuret in primary syphilis. Externally it is an extremely useful application to various forms of herpes, particularly that form termed by Albert, "herpes squamosus," the violent itching and irritation of which it allays. It may be employed externally also as a dressing to indolent syphilitic ulcers, and scirrhous tubercles, or as a gargle in ulcerations of the throat. The dose of the cyanuret is from one-sixteenth of a grain to a grain.

GARGLE OF THE CYANURET OF MERCURY.

℞. Hydrargyri Cyanuret. gr. x.
Infus. Lini. Comp., ℔ j. M.

PILLS OF THE CYANURET OF MERCURY.

℞. Hydrargyri Cyanuret., gr. viij.
Pulv. Opii, gr. xvj.
Ext. Guaiaci, 3ij. M. ft. Pil. lxiv. Capt. 1 ter die.

OINTMENT OF THE CYANURET OF MERCURY.

℞. Hydrargyri Cyanuret., gr. xij.
Adipis, 3 j. M. ft. Unguentum.

SOLUTION OF THE CYANURET OF MERCURY.

℞. Hydrarg. Cyanuret., gr. vj. ad gr. x.
Aquæ, ℔ j. M.

Half an ounce for a dose, administered in a mucilaginous vehicle, or with the addition of sugar in form of syrup.

M. PARENT'S CYANURETTED PILLS.

℞. Hydrargyri Cyanuret., gr. xxiv.
Ammoniæ Muriatis, 3ij.
Guaici Gummi, 3iij.
Ext. Aconiti, 3iij.
Ol. Anisi, gutt. xxiv. M. Mucilagini, q. s. ft. Pil. 400.

One or two twice or three times a day, the dose gradually increased. Each pill contains about one-sixteenth of a grain of the cyanuret. These pills are a substitute for the bichloride of mercury in many forms of secondary syphilis.

ANOTHER FORM OF M. PARENT.

℞. Hydrarg. Cyanuret., gr. vj.
Opii, gr. xij.
Micæ panis, q. s. ft. Pil. xcvj.

Each pill contains one-sixteenth of a grain of the cyanuret adapted to forms of primary syphilis. The dose of one or two pills twice a day in the commencement, and gradually increased.

Deuto-Phosphate of Mercury.—The deuto-phosphate of mercury is employed in Italy, more particularly in Naples, in the treatment of venereal affections in preference to the other salts of this metal. It may be given internally in pills or in solution in the same doses as the bichloride. Employed by friction upon indolent buboes or exostoses, it is said in preferable to all other forms of the remedy. It is of use also as a dressing to indolent chancres.

OINTMENT OF THE DEUTO-PHOSPHATE OF MERCURY.

℞. Hydrargyri deuto-phosphatis, gr. viij.
Adipis, ℈j. M. ft. Unguent.

In cases of indolent bubo, a few grains are rubbed daily upon the tumour, the frictions also are to be made upon the groin of the opposite side. Our experience in the use of this remedy is drawn chiefly from the practice of Fiore and Neapolitan surgeons, it is scarcely used in France, although occasionally employed in Germany.—*Mr. Parker's volume on Syphilis.*

At the last meeting of the Statistical Society, in the course of a paper which was read by the Rev. Mr. Wade, on the condition of the parish of St. George the Martyr, Southwark, the author took occasion to remark on the excessive mortality which ever prevailed there, over all other neighbourhoods in London; and that, more especially, when any epidemic had visited the country. Defoe had described very graphically the virulent character of the great plague of 1665 in this parish; and it was worthy of remark, that the first case of cholera in 1831, when that malady raged with such depopulating fury, occurred in "The Mint." No locality was ever distinguished by a greater degree of profligacy on the part of its inhabitants than this. It was the abode of every variety of vice and depravity; and even Mr. Ainsworth fell short in his description, harrowing though it be, of the dens of iniquity, and loathsome accumulations of filth which abounded in it. The Mint, in these respects indeed, entirely exceeded St. Giles's. No wonder, then, that diseases should be so rife here. At the end of Kent Street there stood the remains of the famous Lock Hospital, which a few years ago was put down by the authorities of the parish. Few persons seemed to be aware that this hospital was once a lazar-house. In the reign of Edward the Third an ordonnance was enacted that all lepers should, in ten days, depart from the city; and, for the purpose of segregating them, four lazar-houses were built, of which the hospital in question was one, and so it continued until it was converted into a receptacle for the syphilitic.

LONDON BILL OF MORTALITY. — The "General Bill of the Christenings and Burials within the City of London and Bills of Mortality, from December 11, 1838, to December 10, 1839," presents the following results:—Christened, Males, 9,455; Females, 9,564; total, 19,019. Buried, Males, 8,406; Females, 8,279; total, 16,685. Of the number buried were,—under two years of age, 4,871; two and under five years, 2,035; five and under ten, 893; ten and under twenty, 657; twenty and under thirty, 1,170; thirty and under forty, 1,486; forty and under fifty, 1,660; fifty and under sixty, 1,434; sixty and under seventy, 1,475; seventy and under eighty, 1,089; eighty and under ninety, 377; ninety and under one hundred, 47; one hundred and four, 1.

When Joseph Hume was informed of the system of despotism which exists in our hospitals, he took it for granted that the mantle of talent was handed down as well as that of office. He thought it unfair that any species of property in its transmission should not contribute to the national revenue through the medium of taxation, and had prepared a parliamentary motion to the effect that it should be rendered amenable to legacy duty. However, on extensive statistical research, he found, on the average, the quantity of talent to be transmitted was so small that the amount of duty would not pay the expense of collection—therefore abandoned the idea.

At the last sitting of the Academy of Sciences at Paris, M. Robiquet read a paper on a new substance discovered in mustard, readily crystallizable, and resembling starch. This substance was produced by the action of ammonia on the essence of mustard.

TO CORRESPONDENTS.

CACOETHES.—*The parties have drunk too deep of* port wine. *We advise juvenile scribblers in medical schools to be aware of the same draught.*

TWADDLE.—*We shall shortly be sharp upon the societies—most of the old ones are only established humbugs, and the new ones but rampant follies.*

SMALL BOOKS.—*The shilliny rubbish of "helps" to this, and "manuals" of that, have been nearly all got up by boyish asses, who wrote them to learn themselves by teaching others. The value of such knowledge can only be compared to that of persons, who study the geography of a country by getting by heart its turnpike tickets.*

HYGEIAN QUACKERY.—*If the man who signs himself* RICHARD TOTHILL, *be really a member of the London College of Surgeons, and the council of that institution, take no measures for erasing his name from the list, then will their diploma be rather a disgrace than an honour; and as it confers no privileges, will sink to a still greater discount. The council owe it to honesty and honour to see to it.*

ANOTHER SCENE *from our version of the Beggar's Opera is in rehearsal, and will soon be produced.*

A CORRESPONDENT *wishes to know, whether Mr. Mayo wished to fight the coroner with pistols or with his immaculate long-catlin.*

TYRO.—*The examiners at the Hall are so densely surrounded by the palpable obscure, that it requires more than ordinary skill to discover who they are. We shall dissect them out some day, when no better subject offers. Stamped copies will, we trust, be ready in another week. The delay arose at the Stamp-office.*

H. K.—*The book you mention "Medical Consultations"—is a quack affair, got up like the Jew's razors, to sell. It is impossible, from the symptoms described, to say what the case may be—and our advice is, that you shun all quacks, and if the pains increase, go to a respectable "surgeon," not an apothecary, as it is apparently a surgical case. If your circumstances are very bad, go to a hospital at once.*

Q. IN A CORNER—TOUTING FOR PATIENTS.—*We have noticed Mr. Partridge's bearing at Charing-Cross Hospital lately, and should think that with his well-earned reputation he would find it an easy matter to fill his wards at the new hospital, without currying favour in so marked a manner with his present patients.*

CENSOR.—*It would be too much trouble to enlighten Mr. Thomson as requested—besides it would be cruel to undeceive him on the subject, which would be contrary to our duty, as one of the Vice-presidents of the Society for the Prevention of Cruelty to Animals. No—*

Where ignorance is bliss
'Tis folly to be wise

of which folly, at any rate, we will benevolently hold Mr. T. innocent.

W. J.'s *story is too close a parody on the old Joe. "A dreadful little for a shilling," said a penurious fellow to a physician, who dealt him an emetic—"can't you give more?*

QUACK ADVERTISEMENTS.—*It gives us great pleasure to perceive that the warfare, commenced by us in October last, has extended to the country papers, and that several of the more respectable ones are rejecting the filthy and demoralizing announcements of the quacks. In another column we give an article, which echoes the sentiments we have often expressed, and we again say, let every father, brother, and husband, cease to purchase any paper containing quack advertisements. Our assertions have been declared too harsh, but we repeat them. Newspapers and journals, which should be the vehicles of information and instruction, by admitting quack advertisements become the means of assisting vice, deception, and imposture. By playing jackall to the empiric—by catching victims by advertisements for the insidious poisoners, they become parties of the crime—in fact, the proprietors of newspapers who admit such announcements* share the blood-money of the quack.

P.—*The dignified Dr. Burne was at the Westminster Hospital Board on Tuesday week. He disclaimed all connexion with the Lancet, and with such vehemence, and made such a stomach-ache face at the idea, that serious alarm was entertained lest an attack of acute gastritis should occur.*

DR. ARNOTT AND HIS STOVE, *we observe, continue to be prominent subjects of discussion in the public prints. The stove, having in one or two instances, failed to answer all the expectations entertained of it, has been stigmatized as valueless, even injurious!—This is unjust. We should say, that the cases in which it has been unsuccessful form only exceptions to the general rule as regards its utility and benefit; and, above all, it should not be forgotten, that Dr. Arnott made no secret of his invention; without taking a patent, and without any consideration whatever, he freely gave it to the world.*

THE MEDICAL TIMES.

PROGRESS OF MEDICAL REFORM.

AT length—no thanks to Mr. Wakley or Mr. Warburton!—the all-important question of Medical Reform is to be brought in a rational and tangible shape before the Legislature;—to be stated by one who, biassed by no private interests, attached to no corporation, leagued with no *secret jobbers*, has, we have reason to hope, sincerely at heart the welfare of the profession.

On Wednesday last, in the House of Commons, Mr. F. French presented a petition from the Council of the Medical Association, praying the House to take into their earliest consideration, the subject of Charities in Ireland. The honourable member also gave notice that he would, on the 31st of January, move that an humble address be presented to Her Majesty, praying her to appoint a Medical Commission or Board, for the purpose of improving the medical profession in Ireland.

But this is not all. We are assured, by a most unquestionable authority, that Mr. French intends to follow up this motion by instituting an inquiry into the *system of Medical Education pursued in England*—into the *Anatomy Bill* especially,—as well as every kind of abuse which has hitherto been complained of. This is as it should be. Great good may be effected if medical reformers will but stand their ground, and support the honourable member; and we trust they will not be backward in doing so. Mr. French is a man, who, although not himself a practitioner, in the common acceptation of the word, yet knows what may be serviceable to the profession, and is willing to render it all the assistance in his power. We will not fail to note the tendency of the discussion which will ensue upon his motion, and comment upon it accordingly. Till then, therefore, we reserve all further observation.

WE had due accounts of the proceedings at the Board of Governors of the Westminster Hospital, on the 21st, in reference to cases inserted in the 'Lancet,' as a ground of attack against Sir Anthony Carlisle, but as they were evidently conducted with a party spirit, we preferred waiting till the subsequent meeting should afford the due context, so as to enable us to give our readers a fair view of the question. The underhand way in which the business was conducted surprised us, and we were not prepared to see envious malignity and base detraction meet with such marked support. Messrs. White, Ayrton, and Lynn stood forth strenuously on the defence, but the assertions of the other party were put forth with so much art and boldness, as to astonish many unprejudiced hearers into belief. Mr. Thomson led the van, and was supported by Messrs. Cheere and Dasent—the latter, a professional man, has we understand since acknowledged that he made a mistake, and laboured under temporary hallucination, but now sees the matter in a different medium. Mr. Archer, the late house-surgeon, read a paper contradicting the 'Lancet' reports, to which Mr. Thomson replied by vouching for their perfect accuracy—he, in fact, adopted them as his own, and we wish him joy of his hopeful bantlings. Mentally we can account for the affectionate interest which he takes in their welfare on the principle of "similia similibus," for the cases certainly appear to us to have much the character of *nonentities*. In Shakesperian phrase we may say,

Peace! Mr. Thomson, peace!
Thou talk'st of nothing;

but we fear he could not reply, that they were

Begot of nothing but vain phantasy,

for "envy, malice, and all uncharitableness" rise to our mind's eye in hideous array, though we would fain banish them from our thoughts. Where, on the occasion in question, were the other medical officers? Messrs. Guthrie, Roe, and Bright, have no right to plead the unpleasantness of the matter as the excuse for absence, it was their duty to see justice done.—On Tuesday, the 28th, the Board again met, when an expected discussion on the recent doings at the Westminster Hospital was anxiously looked for, but from a wish to have all those members present who were so at the meeting of the 21st, it was thought by the majority advisable to postpone the consideration of it for a day or two; and further, the governors in general hold it a matter of sufficient moment to summon a special meeting upon, which was at length agreed should take place on Friday next, 31st., at one o'clock, when the facts of this extraordinary proceeding will doubtless be elucidated. We may mention, that there appeared in the minutes of the hospital books a paragraph to the following effect—"that after a lengthy discussion on the article in the 'Lancet' of the 18th, the committee were eventually *of opinion*, that the statements contained in that report are substantially correct, and therefore the committee could not sanction the insertion of Mr. Archer's letter." Before, however, these minutes were confirmed, a member wished to be informed, whether an *opinion* ought to be in the minutes—no resolution to that effect having been carried at the meeting, on the 21st? Some considerable discussion ensued, as to the formality and correctness of such a proceeding; at the conclusion of which, a motion was made, that the following words—"and the committee were eventually of opinion, that the statements contained in the 'Lancet' (of the 21st) are substantially correct"—be *expunged* from the minutes;—this having been seconded and put to the meeting, was carried, and the words consequently erased.

Mr. Thomson's position is now far from enviable; he has gone too far to retreat, and if he fail in making his case good, the mischief will all recoil upon himself, and he will be repaid with interest for the injuries he has offered to one who is as much his superior on the records of science as he is his senior on the rolls of time:

"The time shall come, nor long remote, when thou
Shall feel far more than thou inflictest now."

Lord Bacon observes "there is no man doth wrong for wrong's sake, but thereby to purchase for himself profit, pleasure, honour, or the like." These are but sorry laurels to be gained in a cause like this, Mr. Thomson. Any one who can find pleasure in sporting with the feeling of another must indeed be base and vile. These can hardly constitute the motives of attack. Perhaps, fearing to be placed in the position of accused for misdeeds which we chronicled in a former number, Mr. Thomson deemed it would be an advantage to become the assailant; but if so, with his wise cunning he has overreached himself. Had Sir Anthony been so inclined, he might long ere this have exposed to animadversion the treatment of the assistant-surgeon, nor can Mr. T. expect to escape the reprehension which is his just due. Other parties are now interested, who may not exercise the same dignified forbearance which he has hitherto experienced. Do not be surprised, therefore, Mr. Hale Thomson, that you are avoided as a comet or a firebrand, though there is nothing meteoric in your composition. Know that, to ardent and honourable minds, nothing so much incites avoidance of an individual as the semblance of baseness, intrigue, or cowardly malice. We may refer our readers to the letter of a "Looker-On."

THE LOCK HOSPITAL.—The committee of this hospital, in announcing the vacancy occasioned by the *removal* of Mr. Walker to St. George's, have expressed a resolution, that in future none of its surgeons shall be allowed to be, at the same time, medical officer to any other similar institution. This resolution, however, is not intended to apply to the present surgeon, nor to the surgeon who is about to be elected. It has been further resolved that the office of assistant-surgeon shall be abolished, so soon as the person who now fills it shall retire. We shall watch the results of these changes, and in due time report them. The vacancy at this hospital has been caused by the resignation of Sir Benjamin Brodie, and this place, like St. George's, seems to be the proper domain of the baronet. Job! job! job! that is the whole history.

"Methinks I hear a little bird that sings,"

"Listen to the secret of Sir Benjamin's retirement. It was a promised bribe to Walker to induce him to desert Lane, and that Cutler might have the Lock, Brodie placing his deputy-assistant, Good, as assistant-surgeon in the same venereal locality." What say ye, Master Brooke; is't not mightily like truth?

In the House of Commons, on Tuesday night, Lord John Russell presented a petition from the Medical and Surgical Association of Liverpool, in which the petitioners stated, that they had given great attention to the causes and effects of cow-pox and small-pox, and prayed the House to take some steps for the establishment of a general system of vaccination.

Mr. Warburton has engaged to proceed with the publication of the evidence given before the Medical Committee, and also to move for the re-appointment of the Select Committee.

MR. KRATE, senior-surgeon at St. George's, it has been whispered, has entertained thoughts of resigning, in consequence of some recent alterations in the medical staff of that hospital.

APOTHECARIES' HALL.—Names of gentlemen to whom the Court of Examiners granted certificates of qualification on Thursday, Jan. 23:—George Friend Whiteley; Henry Beevor, Newark-on-Trent; Abram Cox, Edinburgh; James John Evans; William Banks Fegan, Gosport; Percy Howell, Brighton.

SIR A. CARLISLE AND MR. HALE THOMSON.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I can but presume that the letter I addressed to you last week could only subject you, as the Editor of the 'Medical Times,' to an action of libel on the basis of the maxim laid down by a great and distinguished lawyer, "that the greater the truth the greater the libel." So true it is, Sir, that in this land of liberty one may not justify the truth; albeit, I shall not press further the great necessity of altering so gross a slavery.

In your remarks of last Saturday's 'Medical Times,' you appear ignorant of Mr. H. Thomson's "incentive to the policy pursued towards Sir Anthony Carlisle." Now, Sir, it does appear to me, as "a Looker-on," no mystery at all. This last attack is but one of a series of disturbances which have been trumped up by the same agents (and, from what I can learn, all of them on frivolous grounds, or garbled statements), to remove the senior-surgeon of the Westminster Hospital from his position, and leave the graduated vacancy to be filled up by the assistant-surgeon—to such you have alluded in your remarks; but to the minds of those best acquainted with the hospital, I believe there exists but little doubt of the fact. Presuming such to be case, does Mr. Thomson open his path by such a step in an even and uninterrupted vista "green glade" to the highest hill of the profession? or rather does he not strew such thorns in his own way, which springing up will inevitably choke him with their reverting spines?

Dissembling courtesy may mark the behaviour of an opponent, and lull suspicion, whilst the feelings of jealousy of the most jealous of professions rankles in the heart; but seeking occasion to stab the reputation of a superior in the dark is playing the Italian bravo, who dogs the steps of his intended victim, and wounds him as he is returning to his peaceful home!

That such should be found in England is most disgraceful, but that there exists too many of such is self-apparent; and urged on by the secret disposition of the heart, temptation "pricks on intent," acknowledged inferiority backs the blow, and nothing remains to the malevolence of a little soul but to select for its weapons the subtle poison of a hint, or the overwhelming imputation of overcharged and exaggerated error.

A great evil is the consequence of such modes of attack; for as I lately read, in a letter in 'The Times' newspaper, "the majority of mankind cannot distinguish between the silence of contempt and the silence of guilt;" and the late Dr. Perceval, in his 'Medical Ethics,' when supposing a somewhat similar case that now creates the whirlpool of feelings within the walls of the Westminster Hospital, writes, "to flinch in silence, is to fall." Let open and fair inquiry be instituted, that the parties implicated, and the profession at large, may be made to see the whole truth.

Surgery, like its twin-brother medicine, abounds in contradictions of practice—one mode of treatment shall succeed in the hands of an empiric, whilst the same shall fail under the direction of the most skilful and experienced surgeon; and, therefore, no difference of opinion, unless where ERROR IS GROSS, can justify the attempt to undermine a long and firmly-grounded reputation.

In conclusion, Mr. Editor, I do hope that this matter will be sifted to the bottom, and the perpetrators of the outrage, both in the principal and second degree, be brought to condign and speedy punishment.—I am, Sir, your obedient servant,

A LOOKER-ON.

A DUETT (NOT A DUEL) BETWEEN MIDDLESEX HOSPITAL AND BEDFORD SQUARE.

AIR.—"Oh, tell me when, oh, tell me where."

MIDDLESEX HOSPITAL—*(passionately.)*

Oh, tell me when, oh, tell me where
I can have satisfaction fair;
Oh, tell me when, oh, tell me where
I can meet you—far or near.

I'll meet you, Sir, at Wormwood Scrubs.
At Battersea, with shot or slugs;
But nothing short of hearty rubs
Can settle the affair.

Oh, tell me when &c.

BEDFORD SQUARE—*(blustering.)*

I say not when—I say not where—
Your proposition I'll not hear;
I call'd you liar, but I swear
You'll get no satisfaction here.

(With a shudder.)

The thought of bullets makes me shake,
And powder makes my stomach ache;
With colic at the thought I quake—

(Coaxingly.)

Be quiet, Herbert, dear.

MIDDLESEX HOSPITAL—*(with surprise.)*

I know when, and I know where
You called out Sammy Cooper here;
You blustered, and you swore, oh, dear,
His blood alone would make all clear.—

BEDFORD SQUARE—*(interrupting him,)*

Oh, yes! I know, you are quite right—
But then, *I knew he wouldn't fight!*
But you are a bloodthirsty wight—

(In a whine.)

Be quiet, Herbert, dear.

(With hauteur.)

A magistrate, you know I am—
A coroner—important man!—
Besides, *as it was all a flam,*
With horsewhip you my back may tan.

Three inquests I shall hold to-night,
And I should be a pretty wight
To leave three pounds—to go and fight—
I'm not a gentleman.

I say not when, I say not where, &c.

ROYAL INSTITUTION.

THE weekly evening meetings of this institution were resumed last Friday (January 24), when, before a very numerous auditory, Dr. Faraday delivered a lecture on Voltaic Precipitation. The learned lecturer was, as usual, clear and lucid in his expositions; indeed, no one knows better how to clothe with interest even the most abstruse subject,—to impart information, by peculiarity of manner, to the most obtuse understandings,—than he does; and this, doubtless, explains why his lectures are invariably more fully attended than those of his colleagues. Want of space prevents our giving an abstract. Suffice it that, by a variety of experiments, he demonstrated the dependence of voltaic action upon chemical action — that the former is but a result of the latter, which, in almost every operation, whether of nature or of art, performs a more important part than is generally supposed. In the library were exhibited, among other objects, a collection of minerals from the Brazils, and two Daguerrotypes—one the invention of M. Daguerre, the other that improved upon by Mr. J. T. Cooper.

The University of St. Andrew's, Scotland, have purchased the crown-lands adjoining their demesne, for the laudable purpose of converting them into a Botanic Garden and Observatory. The sum paid was £2,500.

CLINICAL LECTURE ON DISEASES OF THE JOINTS.

BY MR. CARMICHAEL. DELIVERED AT THE RICHMOND HOSPITAL, DUBLIN.

THE affections we have to consider may either commence in the synovial membrane, or in the bones and cartilages, and this probably was the distinction which the older writers had in view when they designated one form of white swelling, rheumatic—that which commences in its synovial membrane; and the other they termed scrofulous, by which, no doubt, they meant that which originates in the bones or cartilages. For, in whichever of those very different textures of the joint the disease commences, if not checked, it terminates in the same state of disorganization; so that when we come to examine a knee after death or amputation, we can scarcely recognise any difference between that which commenced in the bones or cartilages, and that which originated in the synovial membrane. I have said *scarcely*, for I have always found the bones much softer, and, apparently, more vascular when I had reason to conclude that they were the parts of the joint first affected. The knee-joint is subject to have its synovial membrane inflamed from a variety of causes, or morbid affections, besides scrofula. Inflammation of it may be induced by external injury—by undue exposure to cold and wet—by rheumatism—by gout, and by venereal diseases, particularly by that form of the latter which assumes the phagadenic characters. The inflammation which arises from these different sources is, in general, much more acute; but, at the same time, more easily subdued, under appropriate measures, than that which is caused by scrofula, for it partakes in the latter of the general indolence which marks the inflammatory attacks of that disease in every part of the frame; but still it is sufficiently active to evince its presence. The first symptoms are pain, swelling, increase of heat, and stiffness in the joint affected. Now, these are all the characteristics of inflammation, and should be met by leeching, or cupping, warm fomentations and cataplasms, which I have always found more serviceable than cold evaporating lotions; and, above all, with a rapid introduction of mercury into the system. It is impossible to lay down positive rules with respect to the extent to which these measures should be carried: it should vary with the degree of the inflammation, and the powers of the patient. In active inflammation, arising from accident, cold, or rheumatism, where there is high symptomatic fever, it will often be necessary to take blood, even sometimes largely from the system. In scrofulous cases this is necessary. If the inflammation is not soon subdued the synovial membrane will become thickened, and remain, more or less, permanently so for life. During this chronic state of sub-inflammation, and thickening of the membrane, with an increased secretion of synovia in the joint, the counter-stimulation of blisters, or tartar emetic ointment, or issues, will be of service. But if the inflammation is met with energy at its commencement by the means recommended, we have every reason to expect a favourable termination. When all pain is removed, and nothing remains but some fulness and stiffness of the joint, the warm salt water bathing, or douche, and soap straps, with prudence as to exercise, will complete the cure. When the disease commences in the bones or cartilages (for I know of no diagnostic symptom to distinguish in which of these textures it has its seat), it is more insidious in its approach. The patient complains at first of slight pains in the knee, which are removed by rest—they gradually become more frequent, and, at length, may be said to be constant, but are always most severe at night, and usually referred by the patient to the head of the tibia. These pains are aggravated by motion, but still no swelling appears for four or five weeks from the commencement of the attack, and then only a slight puffing is observable at either side of the ligament of the patella, and no fluctuation of fluid is perceived in the joint which retains its natural shape. Now, in all these respects, the attack is so different from that which commences in the synovial membrane, that the diagnosis of either disease is easy and obvious. In both, as the disease advances, suppuration will take place in the cavity of the joint, and the cartilages will separate from the ends of the bones. The synovial membrane will become thickened, and, at length, blended with the capsular and other ligaments into one heterogeneous mass. The matter will, after some time, make its way by various sinuous openings through the integuments, and as the condyles, particularly the inner, become carious and absorbed, the flexors of the leg will often draw the tibia backwards, and thus a partial dislocation of it in this direction is not unfrequent. At length, the patient, worn out by constant suffering during the progress of this disorganization of the joint, dies exhausted by hectic fever with its concomitants—night perspirations, alternating with diarrhœa, if not relieved by a timely amputation. Now, we have no such hopes of averting this sad catalogue of miseries by any remedial measures, as we have in that form of the disease which commences in the synovial membrane: that which begins in the bones and cartilages would appear to depend so much upon a concentrated state (if I may be permitted to use the expression) of scrofulous diathesis, that scarcely any means with which we are acquainted seem ever to be capable of retarding its progress. Leeches do no good—blisters, as well as the internal use of mercury, are injurious. Absolute rest, caustic issues at either side of the ligament of the patella, or the application of moxa, above and below the joint, are the measures usually resorted to—these, with those general attentions to the constitution, already detailed, and anodynes to relieve pain, are all the remedies upon which we can place any reliance. With respect to that unhappy resource—amputation—I shall say one or two words. I do not think we should be justified in proposing that measure as long as the slightest hope remains of saving the limb; and when the cartilages are absorbed, our only chance rests upon the formation of anchylosis. This occasionally occurs in children; but the limb thus saved, is so much flexed and so very useless, that the possession of it is often more an incumbrance than an advantage: but, in the course of my long practice, I do not recollect more than two or three instances of anchylosis of this joint taking place in adults. If the patient is affected with hectic fever, and is wasted by diarrhœa or nightly perspiration, we should not delay before it is too late in pressing upon him the necessity of amputation. But pain, no matter how severe, without hectic, will scarcely justify us in proposing amputation, for we ought to recollect that the knee, like other parts, is subject to neuralgic affections, which excite still greater pain than that endured by ulceration of the cartilages; and it is with the disease which commences in the cartilages or bones that neuralgia is most likely to be confounded, as the shape of the joint in it does not undergo, at least for a considerable time, any alteration. Two unfortunate instances of this mistake, committed even by men of eminence, have come to my knowledge, in which amputation was performed; but, on examining the parts, not the slightest sign of disease was visible. In joints less extensive than the knee we may hope for anchylosis. I recollect the case of a young lady who was advised, on a consultation, to undergo amputation of the arm, on account of a scrofulous affection of the elbow, attended with extensive suppuration. Her parents declined to follow this advice, upon which I was consulted for the first time, when I recommended them to take her to the country and let her live chiefly on ass's milk. Under this simple treatment she finally recovered, although reduced previously by pain, discharge, and hectic fever, almost to a skeleton.

With respect to the other joints, for instance, the ankle and wrist joints, the same pathological observation and general treatment are applicable, with this exception, that I have never seen blisters, tartar emetic ointment, or other strong stimulants applied to either of these points, when affected with scrofulous disease, that they did not appear to be mischievous. They always, according to my experience, increased the pain and swelling, and have made the case to retrograde instead of advancing. The complex and highly-sensitive organization of these joints is too near the surface, perhaps, to admit of these applications with advantage. A diseased ankle-joint, after amputation, exhibited by Mr. Adams, lately, at a meeting of the Pathological Society, seems to afford a satisfactory explanation of the reason why stimulating applications are found injurious to this joint when affected by scrofulous disease. A vertical section was made of the foot and lower part of the leg through the joint, the tibia and bones of the foot being divided by the saw. The bones were soft and vascular—the ligaments, tendons, and muscles, were all blended into one soft pulpy disorganized mass; but that which was particularly remarkable, was the unusual size of the nerves, not only the trunks but the branches being augmented by, at least, one-third in bulk or diameter beyond their natural dimensions. This is a curious *pathological fact* hitherto unnoticed—THAT THE NERVES OF A PART SUBJECTED TO LONG-CONTINUED PAIN WILL INCREASE IN SIZE.

In scrofulous constitutions you will often meet with chronic swellings of the bursæ about the knee-joint. The irregularity of the swelling not engaging the entire knee, but the part at either side, or immediately above the joint, will enable you to distinguish these from affections of the knee itself. The general attention to the constitution so often referred to, and stimulating liniments, or iodine ointment, rubbed on the part, will usually succeed in dispersing them. The bursa of the patella is, from its situation, particularly exposed to external injury from pressure or violence; hence, when swelled from inflammation or the formation of matter, it is called the house-maid's knee, as it is so often caused by pressure in the act of kneeling. I call your attention to it, as it is of frequent occurrence, and might be confounded with scrofulous diseases of the joint by superficial observers. It is to be treated on the general principles applicable to common inflammation, or its consequence the formation of matter. In gouty, rheumatic, and venereal inflammation of the knee or other joints, we can only presume that the affection in question partakes of the nature of those diseases by the patient presenting other and indubitable symptoms of them at the time. It would occupy too much of our attention to enter into a full consideration of how far gouty inflammation of joints should be treated on the antiphlogistic plan. It is usually thought advisable, (and rightly so,) not to apply leeches to the joint of

the great toe, the privileged seat of gout, when attacked with inflammation; but when it assails the ankle or knee-joints with acute inflammation in a person of good stamina, I never hesitate from detracting blood either by cupping or leeches, while colchicum is exhibited internally, which seems to possess some peculiar influence upon joints affected with gouty inflammation.—In affections of the joints from acute rheumatism, with high symptomatic fever, small general bleedings, or cupping or leeching largely, the joints most severely affected, followed by warm fomentations and cataplasms, while calomel and antimony, conjoined with opium in large doses every fourth or sixth hour, so as to lull pain and affect the gums mercurially, is the plan I have pursued with such success as to recommend it with confidence for your adoption.

There is a species of chronic rheumatism which seems to arise more from a disordered state of the digestive organs than from exposure to cold or moisture, and hence seems to partake as much of the nature of gout as of rheumatism. In this disease all the joints are liable to chronic inflammation and consequent stiffness or immobility. Improvement of the digestive organs, warm-baths, during its more acute stages, colchicum; but, above all, a dry warm climate (if accessible), are, in my opinion, the appropriate and most efficient means of relief for this disease.

Osteo-sarcoma of the bones in the neighbourhood of large joints, or even malignant or cancerous diseases of the joints themselves, might readily, at their commencement, be mistaken for scrofulous affections. The knee, as far as my experience goes, is more subject than any other joint to malignant disease. The symptoms which would guide my judgment in distinguishing it from scrofulous affection of the joint are these:—In malignant disease there is no pain at the commencement, nor until the cancerous or medullary mass in the interior of the joint acquires so much bulk as to distend the capsular ligament, it may therefore be a long period before any pain is felt; while, at the same time, the joint loses its natural shape, becomes swelled and rounded, but without any signs of inflammation; but that which particularly marks malignant disease here, as well as elsewhere, is the enlargement of the veins, that course in a remarkable manner over the pale surface of the joint, now swelled into a globular form, so as to lose the usual appearance of the articulating extremities of the bones. When the disease has advanced the pain becomes intense by the distension of the joint: on opening which, after amputation, I have seen the carcinomatous productions of a consistence between brain and gelatine, burst out of its confinement like masses of jelly or glue which had been compressed. The countenance of the patient also betrays that peculiar expression and pallid appearance of those who labour under a general cancerous diathesis, which is usually the case when any of the joints become thus affected, except it originates from accident or injury to the organization of the part. Now contrast these symptoms with those which attend the two forms of scrofulous disease of the joint and the distinctions are manifest.—In that which commences with inflammation of the synovial membrane, you have from the first swelling; but, unlike the malignant disease, it is attended with pain, and, perhaps, redness from the commencement. In that which begins in the bones or cartilages, you have pain but no swelling, and the articulating extremities of the bones are obvious until the disease is far advanced, and in neither have you the enlarged veins which attend the malignant disease. He must be a very superficial observer, indeed, who could mistake osteo-sarcoma for either form of scrofulous white swelling. The situation, appearance, progress, and enlarged veins alone are sufficient to indicate a disease of malignant character.—*Abridged from a Report by Mr. S. Gordon.*

QUACK ADVERTISEMENTS.

It seems that the 'Chester Gazette,' 'Chambers' Journal,' and some of our Northern contemporaries, are taking similar steps to ourselves to stop the publication of those nasty quack announcements, that, as we have said before, disgrace the public press. We copy the following from the *Glasgow Constitutional*:—

"We perceive that the 'Glasgow Constitutional' has announced its intention of refusing the insertion of advertisements of quack medicines. This is a piece of good taste and self-denial on the part of a newspaper proprietary, which deserves to be made widely known."—*Chambers' Edinburgh Journal for October.*

"We are happy to acknowledge that there are other parties in Glasgow, besides ourselves (the 'Scotch Reformers' Gazette' especially) equally well entitled to the praise here awarded—and it would afford us much pleasure to be able to say that it was deserved by every newspaper in the city. We are perfectly sure it would be for their benefit in the long run if it were so. On this subject we have always felt keenly, and have often been excessively astonished that some journals, otherwise as respectable as their neighbours, should, for any trifling pecuniary advantage, place themselves in the position of *socii criminis* to a parcel of vagabond quacks. The subject, in our opinion, is a very important one, involving, as we seriously believe it does, the interest and the health of a large portion of the most simple class of the community—that section of it which have the most need of protection and sound advice. We say nothing of the injury which the insertion of such advertisements as those alluded to must do to a reputable journal, because the fact of its being necessary, in every family, to put the papers containing quack advertisements out of sight, settles that point; but we speak of the misery, vexation, disease, and death, which are produced indirectly by the doses (so heartily recommended in some newspapers) administered by these reckless and unskilful empirics. We do not say that the pills and lotions of these fellows are always of the most deadly description—far from it; we believe that, *in general*, they are composed of dough and gamboge, and that the common excuse for taking the trash, "if they do no good they can do no harm," is so far correct. This is all very well when a strong, healthy, hypocondriac is the patient, but when a poor ignorant person applies for herself or her child, with a real disease, the consequence of a course of swallowing these *harmless* pills, while the complaint is going on in the system, without the check of active and proper medicine, must be dreadful. We hope these observations will be taken in the spirit in which they are offered, and that before long there shall not be an open paper in Glasgow for the reception of such abomination. The inconsistency attending the publication of these advertisements in some of the journals, is very ridiculous. Upwards of a year ago, we recollect the police of this city were very properly employed in apprehending and punishing a number of men, for distributing their objectionable handbills on the streets; yet while certain papers were loud in their praise of the authorities for acting as they were then doing, advertisements from the offending parties, far more liable to complaint, might have been found stuck into the corners of their own sheet! It may be said, but proof it is not, because we know no real argument can be adduced in favour of the practice, that some of the London and many of the provincial papers throughout England, give free admission to the most abominable of these productions. We acknowledge the fact; but "two blacks can never make a white," and the system has always been condemned, and considered as a disgrace to the press, by every right thinking person. With the English press we have nothing to do however. The practice is clearly wrong—and, in the opinion of many, a very serious evil. It cannot be defended; and were these advertisements repudiated in this city, it would at least be a beginning to a good custom, which we hope soon to see universal. It is needless to disguise our feelings on this subject. We consider the insertion of advertisements, such as those complained of, a most dangerous imposture, and the persons who give into it as little better than the more daring criminal. The quack and his newspaper agent are as necessary to each other, in order to dupe the unwary with complete success, as is the receiver to the thief. They act in concert, and they divide the spoil wrung from the pallid hand of poverty, disease, and death."

AMUSING QUACKERY.

The followers of Hahnemann are in despair at the infinitesimal amount extractable from the pockets of the public in return for their decillionth doses. The laugh is stronger than ever against them, and the following extract is from a recent work by M. Fleury.

Hahnemann has distinguished pain into seventy-three species, with a delicacy of sentiment of which none, save a homœopath, could be capable. Here are a few of the principal species, which we enumerate without a word of commentary. Tickling; co-arcting; enormous; ardent; furious; great; creeping; scratching; longing; biting; pricking; paralytic; cutting; itching; resisting; twisting; tearing; hammering; dragging; biting; undulatory; intolerable; indescribable; indefinable.

Hahnemann examined the symptoms of disease in the same way that he investigated pain. With heroic courage he took, in turns, the whole of his globules, and, regardless of his seventy-five pains, went through the catalogue with the resignation of a martyr. The symptoms thus produced were of the most novel kind: the enumeration of a few, faithfully translated from the homœopath's work, will be sufficient to open the eyes of the most credulous.

Acetate of Lime.—After having depressed the head for some time, a painful sense of weight about the head; then a *small pimple* above the left eyebrow.

Acetate of Manganese.—Reading and speaking loud excites a dry cough. Dreamed that two persons would come to see him next day, and they came!!!

Muriatic Acid.—He slips down to the bottom of the bed; sighs and groans during sleep. The tongue wastes away.

Aconite.—Sensation of a needle pricking the fatty part of the thigh.

The Magnet.—Pulsation at the *tip* of the *thumb*; lancinating pain in the *fat* of the *heel*.

Ambergrease.—Spasm in the right wing of the nose.

Arsenic.—Religious melancholy; pulmonary consumption.

Agaric.—Sensation of cold in the *corner* of the *right eye*.

Belladonna.—The hair falls off during an hour; he tears his clothes, bites everything that comes near him; and at length *flings himself into the river.*

Mercury.—As he walks about he experiences the strongest inclination *to pull everybody by the nose.* What tortures must the father of homœopathic medicine have endured for the good of mankind. One day his tongue wastes away; the next, he groans, bites, and is rabid; at one moment he feels icy cold in the corner of his left eye; at another, the tip of his thumb pulsates, and portends some awful malady. But this is nothing. He bolts a globule of belladonna, and forthwith the "divine old man" becomes mad, tears his garments, bites his friends, and throws himself into a pool. What a pity that ever he came out of it, to pull the noses of his neighbours, in a new fit of homœopathic frenzy. But if the absurdities of old Hahnemann were carried even beyond imbecility, assuredly his followers have been not less childish and ridiculous. Here is an example. "Three *flies* and a globule of veratrine, four times diluted, were placed in a glass, covered with a bit of paper which had been perforated with several holes. On the third day, the flies died, and we found on the glass a quantity of yellowish white viscid fluid. It was evident, that the flies had fallen victims to the cholera, which was excited by the globule of veratrine."—*Homœopathic Gazette*, 1832, No. 5, p. 40.

MR. HALE THOMSON OF THE WESTMINSTER HOSPITAL.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—With some surprise I perceived the low degree at which Mr. Hale Thomson stands in the thermometer of your editorial esteem, and deeply regret you cannot better appreciate the master-mind contained in the body of the said assistant-surgeon. I beg to assure you, for my own part, that I am constantly lost in admiration at the *overpowering abstruseness of his clinical remarks, the classical elegance of his colloquial diction, and the delicacy of his surgical manipulations.* If he failed in having a due sense of his own merits, Mr. Editor, who would? It is natural that the elasticity of one's own self-esteem should be equal thereto, though unfortunately merit sometimes does expand beyond the good opinion of others, which cannot always be helped. To show the high opinion entertained of Mr. H. Thomson, I beg to inform you that my Lord B—, or the Marquis of C—, has a great lap-dog affected with spinal curvature, which Mr. T. is at this time treating with iodine, &c., with remarkable success, and to which he intends directing the attention of the pupils, in a course of lectures, shortly to be delivered. Remember, Mr. Editor, great minds will often overlook little things—they cannot always attend to such *trifles as truth and etiquette.* With respect to the cessation of his lecturing, the case was, Guthrie became jealous of the reputation that Mr. T. was acquiring.—You must not imagine that students regard such little mistakes as *presenting the coccygeal bones for digital phalanges, &c.* What can equal the *scientific nonchalance and quiet deliberation* with which Mr. Thomson *operates for hernia*—not to mention the erudite disquisitions thereon, especially *as to the connexion of direct inguinal hernia with the inguinal canal?* It is not fair, Mr. Editor, to expect a man always to "*come prepared to compress the fœmoral artery*"—it is impossible always to repress the *scientific curiosity* which instigates the *exploration of fungoid testicle with a trocar*—nor is *anatomical ard our* always to be restrained from *dissecting up a congenital phymosis.* Deign, Mr. Editor, to come and inspect Mr. Thomson in the arena of his fame, and it must soon be obvious to you how much he is beloved by the patients—adored by the nurses—and venerated by the students!—You will see that he is really the good genius of the place; or, as he has been not inaptly termed, "*a pillar of the hospital.*" Yours, obediently,

GREGORY GAMMERN.

MORTALITY IN THE METROPOLIS.

EVERY week a tabular statement is issued from the General Registry Office, of the mortality for the preceding seven days. From these tables we intend to give a condensed view, without burdening ourselves with unnecessary details or a formidable display of figures. The general weekly average of deaths is *a thousand*—a startling number for one city. Under the term Metropolis are comprised 32 districts, which include the City of London *within* and *without* the walls, the City and Liberties of Westminster, the *Out Parishes* within the Bills of Mortality;—and the parishes of St. Mary-le-bone; St. Pancras; Kensington; Fulham; Hammersmith (Chapelry); St. Luke, Chelsea; Paddington; St. Mary, Stoke Newington; St. Leonard, Bromley; St. Mary-le-bow; Camberwell; Greenwich; St. Nicholas, and St. Paul, Deptford; and Woolwich. The population as enumerated in 1831, was 1,594,890.

To the table is added the weekly average for 1838, obtained by dividing the deaths registered in that year by 52. In comparing it with the weekly deaths in 1840, it must be borne in mind that the metropolis increases nearly 2 per cent. annually; and that if the population had been the same in 1838 as in 1840, the deaths would have been one 27th part more numerous. Deaths during the week ending Jan. 18:—

Epidemic, endemic, and contagious diseases	144
Diseases of the brain, nerves, and senses	159
Diseases of the lungs and other organs of respiration	373
Diseases of the heart and blood-vessels	30
Diseases of the stomach, liver, and other organs of digestion	51
Diseases of the kidneys, &c	3
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c	2
Diseases of uncertain seat	103
Old age, or natural decay	91
Violent deaths	26
Deaths from all causes	997

TREATMENT OF PORRIGO.—The following ointment has been recommended in the treatment of this disease:—induret of sulphur, 12 to 24 grains; lard, 1 ounce.—*Journal de Chimie.*

CORK UNION.—The commissioners have assented to the appointment of a resident apothecary for the workhouse, and it was resolved that 100*l.* a year should be allotted for the payment of that officer and the physician; the proportion in which it should be divided between them, to be subsequently determined. Mr. Voules, the assistant commissioner, proposed, that 80*l.* should be given to the physician, and 20*l.* to the apothecary. Mr. V. also stated, "the workhouse was not to be made a medical theatre for the delivery of clinical lectures; the sole duty of the physician would be, to attend to the health of the inmates; apprentices or students could not be allowed to crowd the hospital."—*Dub. Med. Press.*

MEDICAL OBITUARY.

ON the 4th inst., at his son's residence, Allihies Mines, Berehaven, Dr. Patrick Sharkey, for many years senior physician to the Cork General Dispensary. In his collegiate career, distinguished among the first, if not the first Greek scholar of his day, he obtained the prize for a Greek poem, on a subject proposed to the Irish as well as the British Universities, by the Rev. Claudius Buchanan, on the occasion of founding a College in India. He was also the author of other classical compositions, among which was a Latin poem on the death of Dr. Young, for which he was awarded a silver medal by the late Historical Society, and was the successful competitor for more than one of the Royal Irish Academy's prizes. He published a *brochure* on the epidemic typhus of 1818, as it appeared in Cork, and some other articles in medical periodicals. His contemporaries in Dublin, in which city his first professional years were spent, will not fail to remember in him a polished gentlemen, an accomplished scholar, and an amiable man.—On the 9th inst., at his residence, Charlemont-mall, Richard Gamble, M.D.

SYPHILIS IN ANIMALS.—Dr. Pauli, of Landau, has recorded two cases which appear to prove that syphilis exists in animals. A veterinary surgeon brought him the penis of a bull on which was a condyloma of the size of a walnut, similar, in all respects, to that of the human subject. All the cows which this animal had covered were attacked with a mucous running, which generally stopped after a few weeks, but which, sometimes, required the employment of astringent injections. Another bull infected, in a similar manner, the cows which it covered; and it was afterwards discovered that it had a similar condyloma of the size of a chesnut on the anterior part of the penis. The cows in this case recovered spontaneously.—*Schmidt's Jahrbücher.*

RADICAL CURE OF HERNIA.—Professor Signoroni has recently performed, with success, the following operation for the radical cure of inguinal hernia. Having reduced the hernia, he pushed upwards a portion of the skin of the scrotum, and introduced it into the bottom of the inguinal canal, which latter was large enough to receive two fingers. The index-finger, on which the scrotal skin was supported, was then bent downwards, and brought beneath Poupart's ligament, so that the apex of the fold lay close upon the crural vessels. The operator now passed a needle through the apex of the invaginated skin, near the crural vessels, so as to fix it in position, and another needle near the external orifice of the inguinal canal. This done, an incision was made with a scalpel down upon the apex of the funnel-shaped fold of skin; a few scratches were made in the neighbouring fascia lata, and a suture passed round the needle; a similar suture was passed round the needle at the base of the inguinal canal. The wounds thus made were healed by the second intention, and the patient was radically cured.—*An. Univ. di Med.*, Dec. 1839.

A few evenings ago a portion of a body was found in a court in Drury-lane, and, after being pronounced human by some medical man to whom it was taken, it was brought, amid much popular excitement, to St. Giles's workhouse, when the pathological specimen was found to be the thorax of a dog. Some years since, in this parish, a Coroner's jury had been summoned to sit upon the body of a new-born child, found in a privy, when the deceased was discovered, on examination, to be the body of a cat denuded of its skin!

Another surgical candidate has been adde to the King's College list in the person of a Mr. Bishop.

HOSPITAL REPORTS.

CLINICAL LECTURE BY M. VELPEAU. DELIVERED AT L'HOPITAL DE LA CHARITE, PARIS.

TREATMENT OF GONORRHŒA.

Gonorrhœa is a disease for the cure of which more remedies have been vaunted as specifics—more plans of treatment recommended—than for almost any other. The reason for this is simple—it will disappear often, without any remedial agents, after the lapse of a short time; hence medicines too feeble in their action have been continued for a length of time, until the complaint has been cured by nature, and its disappearance has been attributed unjustly, to the use of the remedy employed. Among the plans recommended for its cure, one is general—internal, or indirect; another local—external, or direct. In the present lecture I will confine myself to the first, or general, plan of treatment, which may be divided into two distinct classes, the one gentle in their action, and possessing very slight energy; to this class belong the greatest number of the vaunted remedies. The others are more or less active, and quick in their effects. Quackery has not left these unmolested, and first on our list come copaiba and cubebs, to which I wish to call your particular attention. Under this class we may also consider gunpowder, a remedy much thought of by our soldiers, and with which you saw me perform many experiments last season.—Tincture of iodine, so highly extolled by M. Broglia, an Italian surgeon, I have found after many trials to be perfectly useless.—Balsam of styrax, another of the vaunted medicines, has proved alike useless. Tannin was said to cure this complaint in three days, but in all my trials of it, I have not once found it succeed. This list might be carried on to an amazing length, but I will not detain you further; suffice it to know, that all these medicines, though not curing, do not retard the complaint.—You have all, no doubt, heard our soldiers extol to a high degree gunpowder; to give it a fair trial I not only tried it in its original form, but its various constituents separately. The first of these, the nitrate of potass, in doses of half an ounce to two ounces daily, produced only greater or less derangement of the digestive functions; with the others, charcoal and sulphur, I was not more fortunate. I then administered the gunpowder itself, and its effects were to produce severe colic and nausea; it was then combined with *eau-de-vie*, but the effects, without stopping the discharge, were so unpleasant, that the patients would not continue it. Having finished these, we will return to the cubebs and copaiba. All among you who follow my practice must be aware that cubebs are irritating in their action, and that in some cases where the digestive organs are impaired, it will, to a certain degree, restore them to a proper action;—as you may have noticed in the patient now occupying the bed No. 16, in the Salle Sainte Vierge—whilst the contrary is the effect of copaiba. In some cases we are compelled to desist, patients being unable to keep it on their stomachs; but whilst the effects of cubebs are less unpleasant, its curative powers are also less decided and certain. The mode in which I am in the habit of ordering it is, to commence with a drachm of the powder three times a-day, gradually increased to two drachms; always, however, watching carefully the digestive organs. It should always be newly powdered, as by keeping, the powder loses a portion of its properties. When treated according to this plan, with diluent drinks of gum-water, we shall frequently find the discharge arrested in two or three days—occasionally even the very next day; should it not succeed at the end of the fourth day, we ought then to discontinue its use, as I am convinced it will not then be efficacious in the least. After cubebs comes copaiba, which, as you all know, is of a most disagreeable taste, causing a feeling of nausea and pain in the stomach, to obviate which many plans have been recommended. Thus Chopart has made a preparation of it in combination with spirits of wine; many, however, cannot bear it even in this form; it has likewise been formed into a mass, by the addition of sugar, but yet the taste remains, and thus we are frequently prevented from employing it. Convinced of its efficacy, I resolved to try its effects when used as an injection—thinking by that means to save the stomach. The mode in which the injections were prepared was, a drachm of copaiba, mixed with four ounces of a viscid fluid, such as mucilage of gum acacia, a little camphor and opium, this to be thrown up the bowel three times a day—the dose of copaiba was gradually increased to two, three, or four drachms at each injection. But here a great difficulty presented itself—the patient could not retain the injection, despite every change of menstruum, it was almost always rejected immediately after being used. In the few cases where we did succeed in keeping it in the bowels, the patients were cured in two or three days. Acting on this idea, M. Donné tried it in the form of suppositaires introduced into the rectum two or three times a day, and others now employ the copaiba inclosed in a case of gum (the capsules gelatineuses), in a similar manner, and with very beneficial results, its mode of action not differing in the least from that taken by the mouth. By its employment in this manner, we save all irritation, or derangement of the stomach. But if cubebs, or copaiba, are beneficial administered singly, they are rendered far more so by combination, and the way in which I have now for some time past used them is by forming them into a paste, according to the following formulæ:—Take of balsam of copaiba two drachms, powdered cubebs six drachms, powdered opium two grains, mix, and add sufficient carbonate of magnesia to form a paste, which is to be divided into six parts—one to be taken three times a day, and, generally speaking, three doses will effect the cure. But we should not discontinue the administration of it for a few days after, as if we do, the discharge is very likely to return, and, what is worse, in increased quantity. By following the plan I will now lay before you, you will be able to act most beneficially for your patient. Commence by ordering the medicine according to the preceding formula for *three days*, then one day is to be passed without any being taken; on the fifth it is to be resumed, and continued for three days more—then an intermission, and on the ninth commence again and continue for three days more; this will be found mostly to be quite sufficient. You must, however, always pay particular attention to the state of the stomach and bowels during its use.

Many have stated as an objection to the use of these remedies, that they will frequently cause metastasis, a fact far from being proved by my own practice, in which on the contrary I have ever found it to occur less under the use of these remedies than with many others. Others again have raised an objection to their use on the ground of their producing a rubeolous eruption. That such is occasionally the case I am willing to admit, but deny altogether its being of the least consequence, since it will disappear in a few days without causing any general derangement of the system.

The lecturer then proceeded to make some remarks on persons of a gouty habit of body being afflicted by this complaint, and stated it as the opinion of some, that these remedies were frequently the cause of metastasis, a fact which he strongly denied, and concluded by stating, that in the next the subject of local treatment of gonorrhœa would be considered.

CHARING CROSS HOSPITAL.

FRACTURE OF THE CERVICAL VERTEBRA.

J. S., æt. 39, was admitted January 5th, at half-past 3 p. m., having fallen down stairs so as to strike the back of the head and neck violently. The symptoms were as follows:—complete paralysis of the upper and lower extremities, retaining very little sensation. Respiration chiefly diaphragmatic. Pulse small, 100; skin cold; tongue furred. He was perfectly sensible, and complained of pain in the back of the neck, particularly when moved. There was loss of power of the bladder, and water had not been passed for some time—a catheter was therefore introduced, and a pint-and-a-half of urine drawn off. He was ordered an ammoniacal draught, and put to bed in warm blankets. At 8 p. m. he appeared to have rallied somewhat, and by Mr. Hancock's direction was bled, took one drop of croton oil, and an enema was administered, by which the bowels were freely opened. The countenance is more anxious, but he feels more composed; pulse 80, hot flannels and bottles were ordered to be kept applied to the feet, as he complains of being chilly; slept a little during the night, is sensible of his condition, and says he feels as ill as he can be; complains of pain in the arms and legs, but has no power of motion: heat of surface natural. The bowels acted twice involuntarily. Pulse from 70 to 80, and rather full. Towards the afternoon the breathing became more oppressed. He was ordered beef-tea ad libitum, and a mixture of acetate of ammonia, carbonate of ammonia, and camphor mixture.—7th. Remained much the same as the previous day. A small quantity of turbid urine with ammoniacal odour was drawn of. Towards evening an increase of vascular action was apparent. He was ordered an ounce of castor oil.—8th. To-day he became much worse. Breathing more laborious; abdomen tympanitic; tendency to coma. Pulse 100, and weaker; increased heat of surface; urine very ammoniacal. The bowels had not acted; an enema was administered, which however took no effect, nor did a subsequent one of turpentine. A blister was applied to the neck; the pupils became contracted, and he gradually sunk and died at 4 P. M.

Appearances on Dissection.—On making an incision through the integuments along the course of the spine, much congestion was found, especially in the cervical region. The laminæ of the 2nd, 3rd, and 4th vertebræ, on both sides, were fractured completely through at their junction with the bodies. The scalp was much congested; the brain and its membranes were gorged with dark blood; some serum was effused between the acachnoid and pia-mater, and the lateral ventricles were likewise distended with bloody serosity. On subsequent examination of the injured vertebræ, it was found that there was some displacement of a portion of the lower part of the body of the 4th which had the appearance of being driven in; there was also a double fracture of the right lamma of the 3rd, by which a portion of bone was rendered loose and moveable; and as also there was slight sanguineous effusion in the vertebral thecæ, some degree of pressure was doubtless occasioned—to which the fatal result may probably be ascribed.

WESTMINSTER HOSPITAL.

INJURY OF THE FINGER—SLOUGHING—TETANUS.

T. G. æt. 42, admitted December 17, with a sloughing wound of the little finger, of which the tendon was exposed and somewhat lacerated. The original injury had accrued from a horse treading on his hand. He was ordered a cathartic, and a crust poultice was applied. He appeared to improve till the 22nd, when pain was complained of at the roof of the tongue. He could not readily open his mouth, and some difficulty was experienced in deglutition; there was also stiffness of the neck and rigors. He was ordered four grains of calomel and a quarter of a grain of opium every fourth hour.—23rd. The prescription was changed by Mr. Thomson to two grains of calomel and a grain of opium every fourth hour, and towards evening the patient expressed himself somewhat relieved.—24th. Much the same. Sir Anthony Carlisle saw him at half-past twelve, and ordered the pills to be omitted, substituting five grains of ext. hyoscyamus, and one and a half of sulphate quinine at similar intervals, as also a draught of five grains of carbonate of ammonia, and an ounce of decoction of cetraria. The wound to be dressed with a lotion of three grains of ext. of belladonna to an ounce of water. Mr. Thomson took upon himself to countermand the above prescription in favour of the calomel and opium.—25th. Sir Anthony Carlisle to-day enforced his former prescription of hyoscyamus, &c. Violent diarrhœa came on in the course of the afternoon, the latter evacuations containing blood. Complaints of tightness of the abdomen, pain in the back, and experiences much difficulty in swallowing; slept for two hours during the night.—26th. Bowels quieter, and he complains less of pain; pulse soft, 104; feels

better, and is inclined to sleep. Mr. White ordered a dose of castor oil and laudanum. The purging soon stopped, and deglutition became more easy. More pain in the back, and he complains at intervals of spasms, also stiffness of one leg. His medicines were continued; towards evening the countenance became very florid—there was profuse perspiration—and the pulse rose to 114. A peculiar odour appears to emanate from the body, similar to that in hydrophobia. At ten P. M. he complained of pain shooting from the back and neck to the diaphragm, also pain across the chest on inspiring deeply, which he avoided doing. Excessive spasm comes on when the extremities are moved, especially about every quarter of an hour. The muscles of the face and forehead very rigid, giving the countenance a distressed appearance. Pulse 133; bowels once relieved; has had a restless doze for a few minutes; has passed about a pint of thick high-coloured urine.—27th. Feels better; spasms abated; tongue dry and furred; pulse 120, compressible. There is opisthotonos, but not such general muscular rigidity. Towards noon he was attacked with violent abdominal spasms; bowels not relieved, nor has water been passed; spasms occasionally, especially in right leg; has bit his tongue several times; the urine was drawn off, and the use of the former remedies persisted in. Towards night he became much relieved, both as to spasm and pain; pulse 110; he was allowed some porter with ginger, and a dose of castor oil was given as the bowels did not act.—28th. The bowels not having been opened a turpentine enema was given, which took no effect; urine drawn off; has passed a bad night, but expresses himself better; the quantity of quinine in the pills was increased half a grain, and also the strength of the belladonna lotion. During the night the tetanic spasms were exceedingly violent, and he obtained but little rest, also being somewhat delirious.—29th. Much the same, the bowels were opened with croton and castor oil combined; was quieter, but passed a bad night.—29th. Was so severely attacked with spasm in the morning that he was thrown out of bed; still complains of great pain in the back; pulse 98; skin cooler, swallows with great difficulty; delirium rather increased: to continue the medicine; he passed a small quantity of water.—30th. Had a worse night than any previously; pulse 98, tongue dry and furred; more delirious than yesterday; spasms more frequent and violent; took no medicine, but had beef-tea, arrow-root, and brandy.—31st. Much better; spasms not so frequent; pulse 98.—January 8th: has been much the same the last three days; to-day the spasms came on rather more violently.—4th. Not so well, was ordered an ammoniacal draught; the quantity of brandy to be diminished.—On the 5th and 6th he was worse; and on the 7th spasms became still more severe, but were much relieved by the application of belladonna to the wounds. At ten P. M. he had a grain of extract of belladonna given in six ounces of starch as an injection, which was followed by complete cessation of the spasms during some hours, and on the whole he passed a good night.—8th. Decidedly better.—10th. The spasmodic affection again became more urgent, and benzoin was applied to the wound, but the pain occasioned was so severe that he could not endure its continuance.—18th. Expresses himself greatly better; had but one spasm in the morning; is quiet, and inclined to sleep; tongue clean and moist. From the above date he continued gradually to improve without any regular medicinal treatment, beyond attention to any occasional symptoms and a generous diet. He is now convalescent, able to swallow with facility, and fast improving in strength. The muscular rigidity is gone off, but slight spasms still occur from time to time. From the consideration of this case we can draw little more than negative conclusions. The tetanic affection appeared to run its course, for the most part, unchecked by the medicinal means resorted to. The local application of belladonna certainly produced a marked temporary effect.

It has been proposed, and is we understand at present under consideration, that the demonstrators of the King's College School should be ex-officio assistant-surgeons at the hospital.

MEETINGS OF SOCIETIES.

MEDICO-BOTANICAL SOCIETY.

COMPOSITÆ—EFFECTS OF FARINACEOUS FOOD.

JAN. 22.—Professor JOHNSON delivered a lecture on the natural order, Compositæ. He entered at considerable length into their physiology and medicinal properties; and, after expounding the unerring character of the Jussieuian system, in grouping plants, whose analogy is so perfect, concluded by remarking on the curious change which may be effected in their general appearance, by transplanting them from their wild localities into richer soil, and giving them all the benefits which horticulture is capable of affording.—Dr. FARRE read a paper on the *Fucus Amylaceus*, of which some specimens had been received by the society from Dr. O'Shaughnessy, of India. Although great encomiums had been bestowed upon this vegetable, it would appear to be of little use except as a dietetic agent.—A discussion having arisen as to the physiological and therapeutic effects of farinaceous articles in general, Mr. JUDD observed that, he had found from experience that such articles were not the cause of *Herpes labialis*, or any of those dark crusts so common about the face in persons recovering from sickness, even after having taken them in the most abundant quantities. He had repeatedly seen eruptions of this class in hospital patients who could never have had opportunities of taking the articles in question. They might be excited by indulgence in stimulating drinks, or by sudden changes of temperature.—Dr. IFILL stated, that in Jamaica, where he had long resided, he had not known the natives to be at any time affected with eruptions after the use of arrow-root, as had been maintained by certain superficial travellers. It was a fact, however, not only observable in Jamaica, but in several other West India islands, that horses which had been fed too long on maize, inevitably became diseased, and rendered totally unfit for work; and that they were restored to health only by an immediate and salutary change of food.

NEW REGULATIONS OF THE LONDON COLLEGE OF SURGEONS.

The Council have just issued circulars to all recognised teachers, requiring them to keep books or schedules for "recording the entrance and attendance of Students in the following manner; viz.—That each Student should subscribe his name in a book provided for that purpose upon entering to Hospital Practice or Lectures, together with the date of such entry; and that he should repeat this subscription in the said registry between the 1st and 7th, inclusive, of each month, during the continuance of his attendance."—The Council request that these Returns may be duly filled up on the 10th of February next, and returned to the Secretary with as little delay as possible; and that they may be regularly transmitted afterwards at the periods specified, in order that the Council may have satisfactory proof, to which they may be enabled to refer, of the due attendance of each Student from year to year."—The following is the form of the Return, &c.:—

RETURN

To be made on the 10th of February, the 10th of May, and the 25th of November, of each year, to the Royal College of Surgeons in London, of the Students attending the course of Lectures on.....delivered by.....at .....on the.....day of.....18.. with the dates of entry, and the periods for which they have entered; with remarks.

Name and Family Residence.

Date of Entry.

For what Period.

Sick or Absent, with or without leave, and for what period.

GUY'S HOSPITAL.—Can it be true that *King* Harrison has expelled three students, for some alleged irregularities?

ADVERTISEMENTS.

Shortly will be published, price 3s. 6d.,

A TREATISE on the MANAGEMENT of FEMALES during and after PREGNANCY, with Remarks on the most common Infantile Disorders.

By CHAS. H. RAWLINS, M.D., M.R.C.S.

Physician-Accoucheur to the Western Lying-in Dispensary—Lecturer on Obstetrics and Diseases of Women and Children, &c. &c.

In the first part of the work, the various complaints attendant on the pregnant state—with the signs of true and false, or spurious pregnancy, are treated.

In the second part the physical management and education of Infants; with the diseases occurring after delivery.

In the third part, the diseases of Infancy, with the best mode of treatment, and directions for the choice of the Monthly Wet-nurse, &c.

London: H. Baillière, Regent Street.

DERMOTT'S ANATOMICAL PLATES.

Just Published, the Second Edition of No. 1 of

MR. DERMOTT'S ILLUSTRATIONS of the ARTERIES, containing THREE PLATES with OUTLINED DRAWINGS, illustrative of the Parts concerned in the Operations for taking up the Carotid and the Subclavian Artery for Axillary Aneurism.—No. 2, containing Plates II. III. and IV., referring to the Anatomy of the Axilla.—No. 3, containing Plate V. Supplementary to No. 2, on the Axilla: Plates VI. Dissections 1, 2, 3 and 4; and VII. Dissections 1 and 2; comprising the Anatomy of Arm, Fore-arm, Bend of the Fore-arm and Hand. The Plates are of the natural size, and highly coloured, accompanied with copious descriptive references. The accuracy of these Plates has been substantiated by numerous Dissections which have been made under Mr. Dermott's immediate inspection.

London: Thomas Hill, Windmill Street, Haymarket, and all Medical Booksellers.

MEDICAL AGENCY OFFICE, 8, Craven Street, Strand.—Dr. REES begs to acquaint the profession that he continues to negotiate the disposal and purchase of Medical Practices; the greatest confidence can be placed in Dr. Rees. Medical Men supplied with Assistants in all degrees gratuitously. All letters Post Paid.—Office Hours from 10 till 4.

Lately published, price 8s., cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Opthalmic Surgery. The appended Vocabulary, denoting the origin of the names for the various diseases of the eye, is of great utility to the student."—*European.*

"Mr. Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and explanatory additions which he has incorporated with the original text. Not only to the medical world, but to the public generally, we confidently recommend this Manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. & c A perusal of this work betimes would more avail than all the spectacles and lenses in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well-arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to hold a high rank in the standard medical library."—*Leamington Spa Courier.*

J. CHURCHILL, Princes-street, Soho.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 118, Holborn Hill. Recommended by the late Mr. Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent.—Best Jean, 12s. per dozen: ditto, ditto, with Fronts, 1*l.* 16s. per dozen; Wove or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Dimity, with real China Net Silk Purses, 2*l.* 8s. per dozen; ditto, ditto, with Elastic Springs, 3*l.* 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

FOR EXPORTATION, OR GENTLEMEN TRAVELLING.

READ'S PATENT ENEMA MACHINES are patronised by the Nobility, and acknowledged by the highest Medical Authorities as superior in every respect to all others offered to the public, are now fitted with flexible tubes superior to any hitherto made, inasmuch as they will stand the test of any Chemicals or the hottest Climates. They are more simple, portable, and durable, most effectually excluding air, and are not liable to be out of repair. Manufactured and sold, wholesale and retail, by the Patentee, 35, Regent Circus, Piccadilly. Sold also by Mr. Pepys, 22, Poultry. N.B.—A liberal discount allowed to the Trade, and for Exportation.

BROWN BREAD.

IMPORTANT TO INVALIDS.—INGLIS'S Brown Bread is not only easily pervaded by the juice of the Stomach, but performs an important Mechanical duty on the Alimentary Organs.

"Inglis in New Street, Covent Garden, makes very good Brown Bread."—See Graham on Diet and Regimen, last Edition, price 9s.

Upwards of One Hundred of the most respectable Medical References to be seen at the Shop.

COMFORT FOR TENDER FEET, &c.
WELLINGTON STREET, STRAND, LONDON.

HALL AND CO.

PATENTEES OF THE PANNUS CORIUM, OR

Leather Cloth Boots and Shoes,

FOR LADIES AND GENTLEMEN.

These articles have borne the test and received the approbation of all who have worn them. Such as are troubled with Corns, Bunions, Gout, Chilblains, or Tenderness of Feet from any other cause, will find them the softest and most comfortable ever invented—they never draw the feet or get hard, are very durable, adapted for every Climate—they resemble the finest Leather, and are cleansed with common Blacking.

THE PATENT INDIA-RUBBER GOLOSHES

Are Light, Durable, Elastic, and Waterproof; they thoroughly protect the feet from damp or cold; are excellent preservatives against Gout, Chilblains, &c.; and when worn over a Boot or Shoe, no sensible addition is felt to the weight.

Ladies and Gentlemen may be fitted with either of the above by sending a Boot or Shoe.

Hall & Co's Portable Water-Proof Dresses

FOR LADIES AND GENTLEMEN.

This desirable article claims the attention of all who are exposed to the wet.

Ladies' Cardinal Cloaks, with Hoods ..... 12s.
Gentlemen's Dresses, comprising Cape, Overalls, and Hood 21s.

The whole can be carried with convenience in the Pocket.

A variety of Water-Proof Garments at proportionable Prices.

Wellington Street, Strand, London.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 20. Vol. 1. LONDON, SATURDAY, FEBRUARY 8, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SIR PHILIP CRAMPTON, BART., SURGEON-GENERAL TO THE FORCES, AND SURGEON TO THE MEATH HOSPITAL.

—— Dociles imitandis
Turpibus ac parvis omnes sumus—

Sings Juvenal; but had the old satirist known Sir Philip Crampton, those lines would never have been penned. So far from perversely imbibing the wrong, Sir Philip has never trod a path which did not lead to his own advantage—never taken a position likely to prejudice him in the eyes of the public. He has long been a conspicuous character in Dublin, holding a sort of slap-dash reputation in the profession—the admiration of the Irish dowagers and the tabbies at the Castle, and the adoration of their daughters; yet, with all this, he prides himself more on a minute sprinkling of aristocratic blood in his veins than on anything he has gained by personal accomplishments, or mental acquirements. This connexion has been generally supposed to be much nearer than it is. The fact is, his grandfather who was Archdeacon of Tuam, married Miss Twisleton, sister of Lord Say and Sele. His father was a dentist in Dublin, and married the sister of Colonel Verner, of Churchill. This gentleman had several children, of whom Philip was the youngest, and after going through certain courses of lectures in Edinburgh and London, Master Philip was appointed an hospital mate in 1798. In 1799 he graduated at Edinburgh, and commenced a campaign against the "gold-cased hearts" of sundry ladies, by a series of masterly evolutions in the chase, the parade, and the ball-room. This excited admiration, but the ladies were unrelenting. The efforts of our swain were unrewarded, and he, at last, sacrificed Pluto in the temple of Cupid, and commenced civil practice in Dawson Street. His first exploit was to deliver a course of lectures in a *hay-loft*, which attracted some attention, and an accidental choking of a gluttonous butler afforded him an opportunity of bringing his throat-cutting propensities into play, with the effect of considerably enhancing his reputation. In 1806 he was elected Surgeon to the Lock Hospital, and from that time has been gradually advancing to fame and fortune, to which the marriage of his sister with Mr. Chief Justice Bushe greatly contributed. In 1813 he was appointed Surgeon-general by the late Duke of Richmond, and since that time has been at "the top of the tree," carrying all before him in Dublin. Sir Philip Crampton has now been forty years in practice, and we have never heard of his committing an ungentlemanly or unprofessional action. He is still a remarkably fine man, upright and elastic, though his face betrays an apparent devotion to the worship of Bacchus. He follows the hounds with undiminished ardour, and his partner in the winter balls is a general object of envy with her sex. He still holds the reputation of being a daring operator, which was obtained, in a great measure, by his practising the excision of joints. He rarely lectures, but when he does so, the theatre is always crowded, the information he gives being highly practical, and his manner pleasing, though, perhaps, not impressive. The great feature of his character and manners is universal affability, and this has rendered him a favourite from the poorest patient and the hospital through, nurses, students, colleagues, and patrons. He is a gentleman; we need not say more.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 25th January, 1840:—

Epidemic, endemic, and contagious diseases	157
Diseases of the brain, nerves, and senses	156
Diseases of the lungs, and other organs of respiration	302
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	54
Diseases of the kidneys, &c	7
Childbed, diseases of the uterus, &c	9
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c	4
Diseases of uncertain seat	96
Old age, or natural decay	76
Violent deaths	21
Causes not specified	5
Deaths from all causes	916

VACCINATION AND RE-VACCINATION.—Copenhagen is extremely subject to epidemic diseases, and, during the last few years, to small-pox. From the various observations which he has made during these epidemic attacks, Professor Otto concludes, 1. That the vaccine virus, has lost nothing of its original force. 2. That a child cannot be vaccinated too soon after birth. 3. That the protective influence of the vaccine virus gradually diminishes with time; in some, perhaps in the greater part of those vaccinated, it is lost after a certain lapse of years. 4. The nature of the cicatrix does not enable us to determine how far the disease will be modified. 5. Small-pox, when it occurs in the vaccinated, is always modified, and the more so, the younger the person is. 6. Regular variola, in the vaccinated, only appeared in persons who had passed the age of fourteen. 7. Out of ten vaccinated persons who died none had passed the age of twenty-three. 8. Not a single case of small-pox had, as yet, occurred in the re-vaccinated.—*Rust's Mag., and L'Experience.*

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, January 30th:—Thomas Balman, South Molton; John Storm Rodd, Evesham; Henry Waldron, Wellington; Stephen Moyce, Magdalen, Norfolk; William James Dunsford, Swindon; Richard Vincent, Francis Henry Waller, Faversham.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

BITES OF POISONOUS SERPENTS.—DISSECTING WOUNDS.

A VERY active poison, and one capable of producing very serious effects on other animals through the medium of wounds, is that effected by certain serpents. In this respect the serpent tribe constitutes two divisions. There are some of them that are quite innocuous, and there are others that secrete this peculiarly virulent poison, which, when applied to a recent wound in the human species, or any other animal, produces effects as fatal as those that take place in hydrophobia; in fact, the effects in the latter instance—that is, from the bites of venomous serpents—are produced more immediately. The same interval of time which is observed in the case of hydrophobic poison does not take place in the instance that I am now alluding to.—In the venomous serpents there is a glandular apparatus in the neighbourhood of the jaw which secretes the poisonous or acrid fluid. The duct of the gland runs through the centre of what is called the *poison fang* of the serpent. The poisoned fang is a broad, long, and and sharp-pointed tooth, which is hollow internally; and, in fact, the hollow runs from the excretory duct of the poisonous gland, so that when the serpent bites, the secretion of this gland passes through the fang into the wound. In this particular you find there is a marked difference in respect to the teeth of the innocuous serpent and those that are poisonous. In the engraving which I now send round, the lower figure represents the head of a boa constrictor, a large serpent, which is innocent; in the upper jaw you observe four rows of teeth, parallel to each other, two towards the palate, and two towards the edge of the mouth. In the upper figure, which is the head of a rattle-snake, you will find only two of these rows of teeth—namely, the palentine teeth, and on the other side there is simply a large tooth projecting from the anterior part of the mouth, which is the poison fang; so that if you could see the teeth of the serpent, you could distinguish whether it was an innocent or a poisonous one. But so far as the inquiry goes, this is no good criterion—we cannot take hold of the serpent, open its mouth, and examine its teeth. (A laugh.) There is a considerable variety of venomous serpents. The head of the serpent represented in the upper figure is that of the rattle-snake—it is the one that is best known. That serpent is found extensively on the continent of America, and its venomous power is very considerable. In the East Indies there are several varieties of serpents that possess the venomous power in a considerable degree; the one that is commonly known is called by the English the *spectacle or hooded snake*, from an apparatus behind the head that readily swells out. There is a mark on the back similar to a pair of spectacles, and this part of the animal, when it is enraged, swells out something like the shape of a hood. It is the cobra di capello of Linnæus. In the West Indies, particularly at Martinique, there is a venomous serpent which is called by the English the *yellow or spotted snake*, and is called by the French *grand vipère fer-de-lance*, the *coluber carinatus* of naturalists. In this country we have only one serpent that has a venomous property in any degree—it is called the *viper or adder*, for these two names are applied to one and the same animal. It is the *coluber berus* of Linnæus. I believe the animals I have now mentioned, and some of the East India serpents, particularly the cobra di capello, are the most venomous—that is, their poison acts most speedily in depriving other animals of life. In some experiments that have

been made with the spectacle snake, a fowl bitten by the serpent has died in the space of half a minute. The bite of such a snake has sometimes been fatal to a dog in the space of half an hour; but it requires perhaps the space of some hours to produce fatal effects in a human subject. I fancy that in none of the instances that have been mentioned can it be considered that the bites of these snakes is invariably fatal to the human subject, for there are diversities in respect to the activity of the venom. The bite of the serpent has different effects, according as it has or has not bitten previously: supposing the animal to have been kept some time, and not bitten before so as to exhaust the venom, it will produce a greater effect than if it has already bitten any other animal. At certain seasons of the year the poison is more active than at others. In the poison of venomous serpents, the same conditions are necessary to its activity that I have mentioned in hydrophobia—the poisonous fluid must be applied to a recent wound. The poison of the viper, or of any other of the serpent tribe, may be taken into the stomach with impunity; and it may be applied with impunity to the surface of the body. The bite of a single viper will deprive a pigeon of life very quickly; but one bite will by no means exhaust the whole quantity of poisonous matter that is contained in the excretory duct of the gland; yet you may take all the poison that can be collected from ten vipers, moisten it with bread, and give it to a dog, and it will produce no deleterious effects. In the same manner a student that assisted in an experiment of this kind took some bread moistened with all the venom that could be extracted from four large vipers, and it produced no ill consequences whatever. It is necessary, therefore, that the poisonous fluid should be applied to a recent wound, for no other application to the body will produce any deleterious effects. In the experiments that have been made on animals, it has sometimes been found that dogs wounded with lancets, on which the venomous matter has been placed, received no injury; while if they were bitten by a serpent of the same species, all the symptoms usually produced by such bites took place.

The bite of a poisonous serpent causes considerable pain in the part that is bit, which soon swells; this swelling extends (supposing the bite to have taken place on any of the extremities) towards the trunk, while the bitten member becomes considerably enlarged. The part not only become swelled, but hard; and if the individual or animal survive, the part will turn livid, vesication will take place, and the surface will mortify. In the further progress of the injury, the cellular texture of the limb that is bitten will pass into a state of inflammation and suppuration—in fact, it will assume nearly the same state as a limb in which phlegmonous erysipelas has occurred. At the same time that these local effects are produced, a very serious sympathetic influence is exerted upon the heart and circulation, as well as upon the nervous system. The pulse is depressed, becomes irregular and intermitting; vomiting occurs, the patient is sick, and perhaps rejects the contents of the stomach. Paralysis is sometimes produced—the patient or the animal is unable to move—the extremities become cold—the power over the voluntary muscles seems to be lost—vision is impaired—in fact, serious injury is experienced in the function of the nervous system, and under these more general effects death very speedily ensues.

In the TREATMENT of injuries of this kind, the first object, of course—if the wound be seen at a sufficiently early period—is to prevent the passage of the poison from the wounded part towards the centre of the circulation. Hence it is of consequence to apply a ligature between the situation of the wound and the heart; and if this be done very early, the occurrence of the symptoms that I have just mentioned will be prevented. It seldom happens, however, that the case is seen at a sufficiently early period to admit of this mode of treatment; and of course if a ligature be applied supposing the swelling to have already occurred in the limb, we might aggravate the symptoms instead of relieving them. The application of a ligature to prevent the absorption or transmission in any other way of the poisonous influence to the centre of the circulation, and through it to the nervous system—that mode of treatment can only be adopted in the earliest period after the wound has been inflicted. It has been found by recent experiments, that if poisons are applied to fresh wounds, and if you apply a cupping-glass, so as to take off the pressure of the atmosphere, that the absorption of the poison is prevented; therefore if you have an opportunity of doing it, the application of a cupping-glass over the seat of the wound would be advantageous in cases of this kind. Supposing you have no means of applying the methods that I have now mentioned, you might have recourse to the general method that I have pointed out in speaking of hydrophobia—that is, you may apply copious ablution to remove the venomous matter from the wound; you may cut away the surface of the wound; at all events you may scarify it, so as to expose the surface, and thus give freer scope to the means you employ;—or you may cut away the wounded part, so as to remove from the body the immediate source of the symptoms—that is, the poisonous matter. Such are the local means that may be adopted in cases of this kind. With respect to the general measures, the symptoms that come on are so serious, and the rapidity of their progress is so considerable, that you have little time for delay: you must select means powerful in their influence, and such as you can employ quickly. Now general experience has shown that means of an active stimulating kind are the best adapted to the symptoms; indeed, when you see the depressed state of the circulation, and the powerful depressing effects which are produced on the nervous system, you must conclude that measures of a stimulating kind are most likely to be advantageous. It is generally found that volatile alkali exhibited internally has the best effects of any preparation of that kind, and it may be given tolerably freely under such circumstances. It has also been supposed that this may be applied with equal advantage to the wounded part, though I think about this point there is some doubt. A preparation that has been called *eau de luce* has been considered very efficacious in the case of bites of venomous serpents. This is pretty generally used by the French. It is a preparation of volatile alkali with some other ingredients. In the East Indies, where venomous serpents are numerous, and where their bites are serious, a preparation of that country, which is called *Tunjore* pills, has acquired great celebrity, and it has been found that the most active ingredient in these is arsenic—which, in fact, they contain in a great quantity. Some English surgeons, adopting this hint, have applied arsenic freely in cases of bites of venomous serpents, and in one of the volumes of the 'Transactions of the Medico-Chirurgical Society,' there is a series of cases related by an English surgeon, who had an opportunity of observing several instances of this kind in the West Indies, where, I suppose, the animal that inflicted the wound must have been the yellow or spotted snake. Mr. Ireland exhibited two drachms of Fowler's solution in a draft, and repeated this dose every half hour for four hours. He has related a number of cases in which this very bold treatment seems to have had the best effects—I say it is *bold* treatment, because two drachms of the solution in question contain, I believe, a grain of arsenious acid, and I think we do not begin in the administration of that remedy usually with a larger quantity than five or seven drops.—A case of the bite of a rattle-snake occurred in this country some years ago. A person who took care of some animals that were carried about for exhibition, received one or two wounds from a rattle-snake which formed a part of the collection, and the individual was taken to St. George's Hospital. His case is related by Sir Everard Home, in a paper in the 'Philosophical Transactions' in October, 1811. But according to that case, it would seem that the bite of a rattle-snake is not so venomous as we might have supposed; for he lived fourteen or sixteen days from the receipt of the injury, and then died from the effects of general inflammation and swelling of the cellular membrane of the arm—the effects of what might be called phlegmonous erysipelas of the extremity.—In this country, however, we have not much opportunity of seeing the bites of venomous serpents in a dangerous shape, or of putting in practice any of the principles that I have now detailed to you. The only poisonous serpent in this country is the viper, or adder, and the venomous power of it is so feeble as not in general to endanger the human subject. The smaller animals may be killed by the bite of a viper, but it does not kill a dog; it requires three or four active vipers to destroy a dog, and of course the human subject is not in general endangered by it. You must, however, observe, that the local effects of the bite and the disturbance of the circulating, digestive, and nervous systems, in consequence of the poison of the viper, will occasionally prove serious even in the human subject; and in some instances have proved fatal when the injury has taken place in young persons.

WOUNDS RECEIVED IN DISSECTION.

In the division of poisoned wounds I have marked down in the syllabus of these lectures injuries received in dissection?—I feel much doubt whether the effects of such injuries be owing to the introduction into the human frame of a poison or not. It seems to me very questionable, whether anything that can be called virulent or poisonous is introduced into the human frame by these occurrences, or whether the effects are to be explained as resulting from such injuries considered mechanically. If these be poisoned wounds, they certainly follow other laws from what we observe in those cases of poison that we are intimately acquainted with. If we look at the small-pox, cow-pox, scarlet fever, or syphilis, we see that the application of poison produces pretty regularly certain effects; that they will take place within a certain time, that they exhibit a certain character, and that you can beforehand ascertain pretty clearly the symptoms and course of such injuries. But we can give no such description of the injuries that arise from dissection;—if they arise, therefore, from poison, it is one of an uncertain, and we might almost say, capricious kind. In the first place, in a great majority of instances, no injurious effect is produced from wounds received in dissection;—there are hundreds and hundreds of these wounds occurring without any injurious consequence. It is only in a very small proportion out of the whole number of such wounds, that any prejudicial effects are produced upon the human frame. We can, perhaps, quite as well explain the occurrence of these effects when they take place, by the state of the health of the individual in whom the phenomena occur, as by any peculiar virulent property that may be applied in these cases. Now it has happened to me to meet with cases where wounds have taken place in dissection, and where a person has cut himself hundreds and hundreds of times when he has been in a healthy state of body, who has afterwards died under a like disease. I never experienced any ill effects but once, and then I was in a bad state of health. I had an inflammation in the finger, and subsequently a swelling of the glands in the axilla, with induration. There are a certain number of cases—but very few compared with the whole—in which undoubtedly serious local effects are produced, and in which serious general symptoms occur. It is, perhaps, rather a question of curiosity than one of direct practical consequence, whether these effects arise from a poisonous matter communicated to the part, or whether they owe their origin to the particular state of the individual at the time the wound is inflicted. In the first place, we cannot point out any particular state of a subject, or any condition of previous disease, that will certainly give rise to any sort of symptoms in these cases. Indeed we shall see that an individual gets a prick or a cut in the dissection of a certain subject, and suffers serious consequences from it, while others, who have had to do with the same subject, suffer no injurious consequences at all. Thus, in the majority of instances, the effects produced are such as would seem to arise in wounds considered in themselves, without any reference to the virulent state or decomposition of the bodies in the dissection of which they occur. Inflammation comes on in the part that is the seat of the wound; suppuration may take place; the absorbents may become inflamed, and the absorbent glands, from which these vessels lead, may participate in the inflammation;

the cellular substance of the part also becomes the subject of inflammation; and thus, perhaps, it is seen generally, that phlegmonous erysepelas is produced. This condition is a serious one; it is capable in itself, without any suspicion of poisonous properties in the cause that produced it, to give rise to very serious local, and equally serious general symptoms. Thus a great majority of the cases in which serious symptoms arise, admit of explanation on ordinary principles without the suspicion of any poisonous property in the immediate cause. The question, therefore, respecting the existence of poison, is confined to a few cases, in which some particular local or general symptoms are produced. —With respect to a great number of the ordinary cases, I think there can be no doubt in referring the phenomena they exhibit merely to the effects of the wound, considered as a cause of local inflammation. There was a gentleman, formerly a pupil of this hospital, who wounded his thumb in sewing up a body. It was the body of a female, who died of some disease in the peritoneum, and I believe he was hardly aware of having injured himself. However, in the course of the night after he received this injury, he experienced very severe pain in the part, (he might have scratched himself slightly, but he felt nothing till night,) and became extremely unwell. When he awoke in the morning he sent for a medical friend, who found him in a state of great excitement. He was a robust and hearty person of full habit. His friend found him with a full, hard, and strong pulse, and with considerable swelling about the part in which the injury had been received—a swelling extending from his hand to the fore-arm generally. He was in a state of extraordinary agitation and restlessness—his nervous system was so much disturbed that he could hardly keep himself quiet. He was in a state, in fact, which called for active depletion; it was adopted, and he lost thirty ounces of blood with considerable relief. He was better the next day, but still the upper extremity generally was swelled. The absorbents leading from the thumb along the fore-arm, and the absorbent glands in the axilla, became inflamed. He had pain in the head, and the nervous symptoms continued to a great degree. He had leeches applied to the head, and cold to the part injured, and purgative medicines were administered. On the following day all the symptoms were worse; the limb was more swelled; the inflammation of the absorbents and glands was more obvious, and all the symptoms more severe. I saw him on this day; he fancied, from the swelling of the ball of the thumb on which the injury was received, that there must be matter, and he wished it to be let out. A deep incision was made, and a little matter did flow out. The hand was enveloped in a warm poultice, and he received considerable relief. Now the incision was deep, and when the limb was enveloped in the poultice, he lost, without being sensible of it, thirty ounces of blood, and seemed better in consequence of this loss. However, the swelling of the fore-arm and upper-arm continued, and rather increased, while the nervous symptoms went on in a greater or less degree. On the following day, in consequence of the continuance of these symptoms, he lost blood twice, and had a quantity of leeches applied to the hand, fore-arm, and upper-arm; indeed he found that was the only way in which the excessive suffering and tension of the inflamed tumefaction could be relieved; so that, without knowing their quantity, he took a handful of leeches, and when they dropped off he put on another—and in the course of twenty-four hours 200 leeches were applied to the upper extremity. By this means the inflammatory action was pretty effectually reduced, and after three or four days of this treatment he found himself exceedingly exhausted. Mr. Gordon was with him, and a remarkable change took place in the symptoms. He became pallid in the countenance, cold in the extremities, the action of the heart was so enfeebled that he appeared as though he were about to die. Under these circumstances, opium was given which relieved him, and was continued till the symptoms were removed; and, in this way, he gradually recovered. Now in this case we can see nothing more than a local effect, producing high inflammatory action in an individual whose constitutional derangement may have occasioned that disturbance. We see in the treatment depletion, with the loss of a great quantity of blood, locally and generally, and the effect of this in controlling the inflammation. In this case we do not want the action of poison to explain the symptoms that occurred in it.—There are other instances in which the general and local disturbances have been different from the above; and it is in them principally that the explanation has been adduced, by which the agency of poison is supposed to be concerned in these cases.—There was a physician in the neighbourhood of London who examined the body of a woman that had died from puerperal peritonitis. At 8 o'clock on the morning of the 28th of December he assisted in sewing up the body, and he was not aware that he had injured himself. At 8 o'clock on the evening of the same day, being then dining in company with a friend, he felt a stinging heat and uneasiness at the end of one of his fingers, and he thought he might have wounded himself. On looking at his finger, a slight blush was observed; and when the part was examined, a slight opening was perceived, so that the inference was, that he had injured that part of his finger in sewing up the body. He thought he would try nitrate of silver, and he also put upon it a small quantity of nitric acid, that having been his habit as a matter of precaution. These applications were unattended with pain. He went home, and finding the finger still uneasy, and as the former applications had not given him any pain, he again applied nitrate of silver to the part, continuing the application till he felt it sensibly. The pain thus produced soon increased to a high degree of agony. Shivering came on, and he passed a restless and turbulent night; and when he was seen early in the morning, red lines had formed along the back of the hand. At 8 o'clock on the morning of the 29th, (he had opened the body at 8 o'clock on the 28th of Dec.,) an eschar was observed the size of a pea, which was supposed to have occurred from the nitrate of silver. Leeches were directed for him, fomentations, and aperient medicines. About 1 o'clock on the same day, that is, the day after that on which he had opened the body, the finger in question seemed swelled, with a livid appearance; and the pain being very considerable, his medical friend, who saw him, made an incision through the integuments down to the bone, and by so doing he found the two last joints of the finger had mortified. The last and middle phalanx of the finger were already in a state of gangrene;—red lines were formed along the back of the hand and arm up to the elbow, and uneasiness was felt in the axilla. At this time he experienced complete prostration of strength; he felt himself as weak as a child. There was irregularity of his breathing; a sort of torpor about his arm; his pulse from 90 to 100, and soft. During the rest of the day he had much heavy kind of sleep, with intervals of severe pain; the hand and arm swelled, but not very considerably. The absorbents inflamed along the hand, and the axillary glands swelled, and great torpor was experienced, with difficulty of breathing. Swelling took place in the axilla and at the side of the chest, and openings were made in those situations without giving vent to any matter. He died at 6 o'clock on the morning of the 1st of January, which was on the fifth day after opening the body. Now, in this case, there is a remarkable local effect produced; that is, mortification in the part on which the injury had been received—and a serious influence exerted on the animal economy, by which, in four days, death is produced in an individual previously healthy.—A gentleman, some years ago, who was a dresser at this hospital, opened a patient in the course of the day. He was not very exemplary, I believe, as to his mode of living, but indulged in the pleasures of the table; in short, not quite a pattern as to regularity. He got merely a prick on one of his fingers. On the same day that this took place, he had a large party of friends at his house, and he drank very freely. In the course of the night he was awoke by excessive pain in his finger, and before the middle of the following day, the last phalanx of the member had mortified. There was a swelling of that part of the hand and of the limb generally. Inflammation of the absorbents and the absorbent glands took place in this gentleman, with considerable fever. Subsequently, general inflammation of the skin and cellular membrane, that is, phlegmonous erysipelas of the hand and fore-arm, occurred. He was in a state of great danger, but by making a large incision through the inflamed part of the skin and the cellular membrane, he recovered.

Now it must be observed, in the first of these two cases, that of the physician who examined the body and died in four days, and in many other of the most serious cases that have occurred, the injuries have been received in the examination of patients who have died from inflammation of the peritoneum, and more particularly from puerperal peritonitis, so that if a poisonous influence is communicated to the body, it would seem to be most generally produced in instances of that kind. Here we have the conflicting result of these two cases. We have the instance of one individual in whom mortification takes place at an early period, as the result of injury, who dies; and another instance in which mortification occurs, and recovery takes place. Now as to the occurrence of mortification consequent on the wound, I do not deem it to be a sufficient proof of the application of poison. I remember a butcher's boy who was brought to this hospital and placed under my care, who had a hook stuck in his hand, and which tore out its way so as to make a triangular flap on the palm of the hand—a sort of flap that we entertained no doubt would, by keeping it down, unite with the subjacent parts. But the flap mortified, although the injury had been produced merely by an iron hook; so that the mere consequence of a wounded part going into a state of mortification does not prove that poisonous influence is exerted, nor does it appear to me that in this case the general system exhibited the peculiarity that leads us to infer that poisonous influence took place. We merely see in this case that sympathetic influence of the circulating and nervous systems which may be produced by inflammation in a particular state of health, which in one individual will terminate fatally, and in another recovery will take place; so that we have no sufficient ground in any of these cases that poison is communicated to the frame, and from the evidence now before the public, I remain in doubt as to whether there is any poison in the case or not. I am aware that animal substances, in certain states of decomposition, are capable of producing a directly deleterious influence on the human frame. I have already had occasion to mention, in speaking of mortification and diseases of that kind, such disturbances as malignant pustule, where mortification of the surface takes place. This is a kind of effect not so often seen in this country as in some others, where it is observed among the butchers, who have the flaying and cutting-up of animals in a putrid state, which exerts this influence often to a fatal degree. That particular effect is described more minutely by Professor Delpech, in his work on the 'Treatment of Surgical Diseases.' We have not much opportunity of seeing it in this country, but in those instances there is a certain form the disease takes—a particular course which points out the operation of certain and peculiar causes; but we do not see this regularity in those serious occurrences which occasionally arise from dissection.

Now, with respect to the practical rules for the management of these injuries, some persons adopt the plan of touching any wound of this kind with nitrate of silver. I should suppose it is a safe and unobjectionable mode of proceeding, and that in the case of a slight wound or puncture in dissection, there can be no harm in washing the part and touching it with nitrate of silver, which is likely to destroy any injurious influence that might otherwise take place. Some have recommended washing the surface of the wound with oil of turpentine, which might have a similar result. These are means of a preventive kind. If any inflammation should come on, then I conceive it would be necessary to keep the wounded part at rest, and to foment or poultice it—that is, to apply a soothing application to it. If there were symptoms of decided inflammation, to take blood from the part by leeches, to take means to evacuate the alimentary canal, and to pursue those measures until the danger should

have gone by. If more considerable inflammation should have come on, and if matter should have formed, then I should consider it advisable to open any such collection of matter freely. In those cases where inflammation, swelling, and anything like the formation of matter should occur, in addition to that in the seat of injury—that is, for example, in cases of a wound of the finger or hand, where redness and swelling occurs about the axilla or chest, if anything like the formation of matter should be observed, I think the best course of proceeding would be freely to open the part. The danger in this case is of the inflammation increasing and spreading to the cellular membrane of such parts. When it does so, we know very well that there is a want of tendency to limit the inflammation; that such inflammation is apt to creep on, and affect the surrounding parts to a great extent; that it does not limit itself to one circumference; that it does not tend to come to the surface, and therefore a free incision throughout the affected part is, according to present experience, the most advantageous mode of treating such occurrences.—As to the *constitutional* disturbance that may ensue in conjunction with these local symptoms, generally speaking, it is of an inflammatory character; and it must be treated by antiphlogistic means, according to the extent of the disturbance. On the whole, I confess I do not regard these cases with anything like the feelings of alarm that some persons do. In a great majority of instances, if a proper degree of attention is paid, they terminate very favourably. I do not conceive that, generally speaking, they are cases that should give rise to alarm, or be looked upon with apprehension. I acknowledge that I am rather inclined to discourage, as much as I can, the idea of a poisonous nature attached to these wounds, because I conceive that the opinion produces much alarm. I do not, however, argue against their poisonous nature from this notion, but I give you my opinion formed from a consideration of the phenomena, independent of any view of that kind. I am, however, certainly glad that I arrive at this conclusion, because I conceive that any other opinion would lead you to prosecute your anatomical studies with greater anxiety. I should also say that there is not the fear of communicating the peculiar disease to yourselves, in dissections, of which the persons may have died. Although the venereal disease is capable of communicating infection during life, we do not know of its communicating any noxious effect to the body by dissection after death. With respect to cancer, fungus hæmatodes, and all that class of complaints, we have no knowledge of any effect communicated to the human body from the dissection of persons labouring under such affections. I mentioned to you, that in my own person I only once experienced any inconvenience from a wound contracted in dissection, and that was in opening the body of a person who had died from cancer of the stomach. Now in that case, it happened that the patient was hardly cold when I wounded my fore-finger in sewing up the body; and a very considerable swelling of the axiliary glands came on, with great induration. One of my medical friends made a long face, and I found that he conceived that the glands of the axilla had taken on a scirrhus character, in consequence of the disease in the stomach of the patient I had been examining. He mentioned this idea to another gentleman who was with me, under an injunction not to mention it to me lest it should alarm me. However, this injunction was not observed, and we had a hearty laugh over it. I had no idea of danger, and there was no ground for apprehension. I may state, that in examining patients who have died from fungus hæmatodes, scirrhus, or the venereal disease, I do not know of any poisonous principle communicated to wounds received on such occasions. There may, however, perhaps be some exceptions to this general observation. There are some instances recorded, of individuals who have received wounds, either in the examination of animals dying under particular states of disease, or in administering during life to these animals: for instance, to glandered horses. There are instances of individuals who have received wounds upon their hands, under such circumstances, in whom a particular train of symptoms has arisen, one circumstance of which has been the formation of abscesses upon various parts of the body. It has been found that the matter of such an abscess has been capable of communicating to other animals—that is, to horses, or asses, the glanders; and there appears to be a possibility of conveying, from such a wound, the malevolence of the peculiar poisonous principle to the human frame.

SPIRIT OF THE MEDICAL PRESS.

DISLOCATION OF THE PATELLA OUTWARDS, WITH TORSION ON ITS AXIS, BY JOHN WATSON, M.D.

HENRY BURTON, a carman, of rather slender frame, and about thirty-five years of age, was on horseback in a crowd at the Park, August 21st, 1839, waiting to see the public reception of the Hon. Henry Clay. In the confusion of the crowd, another horseman backed his horse against him, and the animal's hip striking against Burton's right leg, injured him so severely that he was unable to say how, or in what direction, he received the shock. He was carried immediately to a neighbouring hotel. "I saw him soon after the accident, in connexion with Dr. L. C. Ferris, Dr. Stearns, of the northern part of the city, and Dr. Thomas F. Cock. The patient was complaining of severe pain; the leg was perfectly straight, but could be flexed to about an angle of 140 without increasing his suffering. The patella appeared to be slightly drawn up, and it was twisted upon its axis, presenting its outer edge, in a prominent hard line, in front of the knee; its inner edge was resting either in the groove between the condyles of the femur, upon which its posterior face should naturally play, or in the small indenture on the anterior face of the femur, immediately above this groove. The anterior surface of the patella was turned inward, its posterior surface outward, and it rested nearly at right angles with its natural position. Its upper and lower attachments were both preserved, and could be distinctly felt; and a sort of band appeared to pass from its under, or, as it now lay, its outer face, inward to the deeper portion of the knee-joint. This band, as I conceived, was caused, either by the tension of the capsular ligament, or by the rupture of its edge, as it passes from the outer side of the patella. The position of the bone was so well marked that no one at all acquainted with the anatomy of the part, could mistake the nature of the accident. "With the leg extended, and the anterior muscles of the thigh forced downwards as much as possible, pressure was made upon the patella with the expectation of forcing down its prominent edge, and pushing the bone directly into its proper position. The effort was followed only by a severe increase of pain; the bone remained permanently fixed. Another attempt was made to cant its posterior edge inward, and to bring its anterior edge outward, without pressing it against the condyles of the femur, by forcing the head of a key against the posterior, now the outer face of the patella, (using this as a fulcrum,) and pressing the prominent edge of the bone towards the outer condyle. This manœuvre gave him no pain, but was as fruitless in its result as the other. At length the knee was forcibly bent, and immediately straightened again; and then, by canting the patella as before, and pushing it slightly downwards and inwards, it sprung, with a sudden snap, into its proper position. The reduction would, doubtless, have been facilitated by flexing the thigh strongly upon the pelvis. This, however, was not attempted, and the manipulation just described answered every purpose. As soon as the bone was replaced the pain ceased; and the patient, thinking himself well again, stated that he could now walk as well as ever. A straight splint was applied behind the limb, so as to secure the joint, and the patient was sent home in a carriage, with directions to keep the knee at rest for a few days, and to apply to it an evaporating lotion. After some observations on the imperfect notice of this accident, contained in works on surgery, Dr. Watson adds:—"Though the position of the patella in this case was very different from that which it occupies in the subluxation outwards, yet it is easy to see how the latter accident might be resolved into this. For the patella, in slipping outward, while passing over the outer edge of the pulley of the femur, must, from the very shape of the bones, have its outer edge tilted forward, and its inner edge, in consequence, thrown a trifle backward. Now, whilst in this position, and before the patella is allowed to reach fairly to the anterior face of the condyle, a sudden contraction of the rectus and vasti muscles must tend to bring the bone back again within the line of their action: so that instead of slipping completely over the condyle, it will either fall back into its natural position; or its inner edge being arrested, and the bone being thus prevented from moving inwards bodily, its outer edge must be drawn forwards towards the axis of the limb, and the accident I have described will be thus produced." This case adds another to the list of those in which flexion of the knee contributed towards the reduction.—*New York Journal of Medicine and Surgery for October.*

A GREAT OPERATOR AND HIS OPERATIONS.

The following is a sketch of a great operator on the continent. It is evidently drawn from the life.—"On June 26th last, I paid a visit to his clinical hospital, and saw him for the first time. He is somewhat above the middle height, and has a fine muscular development, especially of the arm and leg, to which he probably owes much of his dexterity. His crown is bald, hair inclined to grey, nose Roman, and whiskers worn across the cheek. He came into the theatre to perform two operations, dressed in a short linen jacket, reaching not quite to the hips, and with sleeves terminating above the elbow; the fore-arm was bare, and he had an oil-cloth apron tied round him."—This gentleman, something between an hostler and a knacker, was the celebrated Langenbeck. The amputation he performed was done thus:—"The patient was a youth, with scrofulous disease of the knee-joint. The preparations for the operation were exceedingly simple. Two basins with water and sponges on the floor; a few ligatures in the hand of one assistant, a saw, and three or four pairs of Amussat's and the common forceps, in the hands of others; a case of scalpels, and a case containing two amputating knives on a little side-table. The simplicity of the apparatus contrasted strongly with the pails and sawdust, and glittering array of knives and scissors, and scalpels in extended file, flanked by tourniquets, bandages, strips of plaster, piles of rag, &c., witnessed in some English hospitals. The knife which Langenbeck uses is supposed to be peculiar to him, and in consequence has received his name; but its prototype may be seen in the hands of any butcher in England, being a short knife, rounded at the point. The blade and handle are each about four inches long; the former about 5-8ths in breadth. The artery being compressed by an assistant, Langenbeck took the knife just described in his hand, stepped back two steps—stood in a theatrical attitude, with the knife elevated above his head; then darted upon his patient, and made a deep gash on the outer part of the lower third of the thigh, cutting half away through to the bone; the knife

describing a slight curve downwards and backwards; another application of the knife, slanting upwards, reached the bone. The same method was followed on the opposite side. The knife was then made to describe one or two turns round the bone; was changed for the saw; the muscles were retracted by the hand, and in about one minute from the commencement of the operation the limb was severed. The artery was sufficiently compressed to prevent a jet, but not enough to secure the patient from the loss of more blood than he ought to have suffered, considering his age and great debility. After tying the arteries, the thigh was rolled, and the face of the stump slightly covered with a piece of rag. The patient was then taken to his bed, and rag, wet with cold water, applied. In an hour or two, the lips of the flap were united by four or five sutures. Next day I found the roller removed, and nothing upon the stump except a strip of wet paper along the line of union. This mode of water-dressing has been practised by Professor Langenbeck for about thirty years. It is not so good as Liston's, because there is nothing to prevent the paper drying. To remedy this, a painter's brush and a basin of water stand close to the patient's bed, that the paper may be moistened from time to time."—Here are some of the faults and all the advantages of a continental operation. The disregard of the loss of blood, and the theatrical display, are unquestionably faults—the simplicity, boldness, celerity, and dexterity as unquestionably advantages. Of the dexterity it may be said, as Gibbon said of personal beauty, that those who despise, are those who have not got it.

A Clinique.—"Next came a boy with a tumour in the upper part of the thigh. It was a doubtful case, and there was a long inquisition upon it. It is well known, that in the German cliniques there is a student in charge of each patient, who is examined by the professor, respecting the case, in the presence of the class. The questions put are those suggested by the anatomical and physiological relations of the part affected; and the professor rectifies, explains, or illustrates, the answers; in doing which, Langenbeck mingles a little wit, a good deal of theatrical gesticulation, and a good deal of extraneous matter, with much useful information. The wit, gesticulation, and foreign matter, are far from being useless, as they serve to impress the case upon the memory of the students, by exciting and keeping up their attention. Indeed, nothing is more dull and soporiferous than one of these cliniques conducted with legitimate professional gravity. Langenbeck is generally censured for his declamatory and showy manner, in which he strongly resembles Lisfranc; but he is in the right." We believe that it will be admitted that the mass of medical students are not philosophers. The most effective lecturers and most successful teachers have found, we fancy, that a little *piquance* is necessary to make the dull matter go down. Science is well for the scientific, but the young gentlemen of a class like a little dash of fun in it; and provided that the science is not lost, the fun is not so reprehensible. —*Med. Chir. Rev.*

ROYAL INSTITUTION.

JANUARY 31.—Dr. GRANT this evening lectured on the structure and growth of coral, illustrating his expositions by numerous diagrams and preparations. Among other objects exhibited, was a specimen of *furfurol*—a new essential oil obtained from wheat, by Mr. W. C. Jones, and approximating to that found by the same gentleman in lignin. It had a strong odour of bitter almonds, and burned with a flame blue interiorly, and white exteriorly. It was yielded at the rate of 5 per cent.

SIR B. BRODIE AND MR. LANE.

IN justice to himself, Mr. Lane has published an address to the Governors of St. George's, to point out the reasons why he thought it useless to incur expense in opposing Sir Benjamin's relation, Mr. Tatum. From this document we extract the following history of the two schools of St. George's:—

"In the year 1830, when the governors permitted the medical school of Windmill-street to be transferred to St. George's Hospital, they expressly prohibited the teaching of anatomy within its walls; but it is well known that a medical school cannot be carried on without anatomy, and that the anatomical department is the most difficult, the most laborious, and vastly the most expensive part of the undertaking. In this emergency, it was suggested by one of the lecturers, and most influential officers of the hospital, in the first instance to Dr. Wilson, one of the physicians, and afterwards to Mr. Walker, the assistant-surgeon of the institution, that one of these gentlemen should unite with me in the establishment of anatomical schools. I had at this time two or three interviews with Sir Benjamin Brodie on this subject, who lent me his ground-plans of certain premises in Kinnerton-street, and offered to advance me money for the erection of an appropriate building; he further requested me to ascertain upon what terms this, or any other equally eligible piece of ground in the neighbourhood, might be purchased. I accordingly exerted myself for this purpose, and reported the result to Sir Benjamin Brodie, who agreed with me that the several premises inspected by me were either too expensive or otherwise unsuitable for our purpose. It now wanted only a few months to the opening of the medical school at the hospital, and I wrote to Sir Benjamin Brodie to inform him of my intention immediately to build an anatomical school on my own premises, and on such a scale, that should a more eligible piece of ground be afterwards procured, I might still be at liberty, and should be most willing, to join in any more extended undertaking of the kind. At this period, before the passing of the Anatomical Bill, no legal protection was afforded to our studies, and the establishment and conducting of an anatomical school in a new neighbourhood was attended with numerous difficulties, enormous expense, and even personal risk. It was under these circumstances that I embarked 2,000*l.* in building a theatre, museum, and dissecting-room, capable of accommodating 100 pupils. The presence of several of the medical officers of the hospital, and teachers of the medical school, at the opening lecture, delivered by Dr. Wilson in October, 1830, fully sanctioned the proceeding. A part of our anatomical course (that allotted to pathology) was subsequently given by Dr. Wilson for many successive years in the theatre of the hospital. The anatomical pupils of Windmill-street, attending the medical classes of St. George's Hospital, twenty-six in number, who had previously paid their fees to their former teachers, Messrs. Mayo and Hawkins, were transferred to Dr. Wilson and myself in the following year, 1831, on the written request of Mr. Mayo, and received their anatomical education from us without any pecuniary consideration whatever. On account of this increase in numbers, an additional outlay of 500*l.* was unavoidably incurred in the enlargement of the theatre. Dr. Wilson, with myself, assisted by Mr. W. H. Good, and Mr. Harrison, in the capacity of demonstrators, thus continued to educate in anatomy, with some few exceptions, all the pupils in attendance at the hospital for four consecutive years, and the lecturers at the hospital continued to derive the advantages of my outlay and of our full support for that period. On the occurrence of the election for the new office of second assistant-surgeon, in 1834, I had the misfortune to find myself opposed as a candidate to Mr. Cutler, at that time the assistant of Sir Benjamin Brodie in his private practice. During the canvass at this election, the establishment of a new anatomical school was commenced, under the sanction, and with the concurrence, of Sir Benjamin Brodie, and without any intimation of such design having been communicated to Dr. Wilson (at that time *ex-officio* a member of the committee of the school attached to the hospital) or to myself, and this undertaking was ultimately carried out and supported by all the medical officers of the hospital, with the exception of Dr. Wilson and Mr. Walker. The interests of this new anatomical school were of necessity placed in direct and injurious opposition to those of the original anatomical school of which I was the proprietor; and every exertion on my part was called for in defence of my property and professional reputation as a teacher. This proceeding was followed, on the 8th October, 1834, by the secession of four gentlemen, members of the committee of the school of the hospital, who for some years subsequently delivered their lectures in the theatre erected by me; by which arrangement I was involved in a further outlay of 1,500*l.* for enlargement of the premises. From this brief statement I trust it will appear to the governors of the hospital, and to my professional brethren, that, although the medical officers still collectively withhold their support from me, no discredit thereby attaches to my private or professional character, so as in any way to detract from my qualifications for the office now vacant."

This requires no comment, but affords another incident illustrative of the Baronet's character.

THE REAL STATE OF THE PROFESSION may be illustrated by an occurrence that I will relate.—Two medical gentleman sat down to dine, Mr. Family Influence, (who had married a Miss Money,) and Mr. Merit (married to Miss Industry); now both these were *gentlemen*, but Mr. Family Influence, grasping the pudding dish, and placing it before him, ravenously eat up the whole of the pudding, descanting upon the good state of society, and *how well things worked*, which permitted every man to fill his belly who was industrious enough to eat; whilst poor starving Mr. Merit, without having money sufficient to buy implements for eating, sat with an anxious eye and craving stomach, went home to his garret and died. To prove that this is the actual state of the Profession, I will only ask you—How are Dresserships obtained? by money.—How House Surgeonships? by money. (God save the poor Patients!)—By what means do persons obtain appointments as Physicians, Surgeons, and Apothecaries, to Public Institutions, as well as the lucrative Practices, connected with the same? why, by money, and a shameful process of chicanery and intrigue after the patronage of persons quite incompetent either to judge of, or appreciate the degree of Medical talent which Medical Officers or Candidates may possess.—*From an Introductory Lecture, by G. D. Dermott.*

MORE SCIENTIFIC HONOURS.—At the last sitting of the Academy of Sciences of St. Petersburg, Professor R. Owen, F.R.S., of London, Duke Maximillian, of Leuchtenberg, and M. Gaimard, of the French Northern Scientific Expedition, were elected honorary members.

DEATH OF BLUMENBACH.—This eminent Professor died at Gottingen, a few days ago, aged 88 years.

TO CORRESPONDENTS.

We perceive that the quack aurist is at work again. The present session ought to produce a measure of Medical Reform, which would place him in his proper position—the treadwhist—for obtaining money under false pretences.

STUDENT.—*Each surgeoncy at St. George's is worth about 600l. a year. The physicians get about 400l. each. This all comes from the pockets of the students.*

"DR." TURNBULL AGAIN.—*We confess that our astonishment was not a little excited by the elaborate and noisome puff of this notorious "M.D.," which appeared in the 'Sun' of Monday last. Not less than from four to five columns were given in that newspaper, to a gross quacking puff, part of it being* in the shape of a leading article!! *We select the following passage for its piquancy:—"There appears no great magic in Dr. Turnbull's performance, because it is so very simple. But pause, and judge of the glorious result. In a few minutes he makes the* deaf to hear, *and the* dumb to speak!!!" *Gentle reader, can the height of puffery further go? How much does the proprietor of the 'Sun' charge for this prostitution of his columns? How much does Mr. Murdo Young receive for trumpeting quackery?*

The Edinburgh Testimonials have been received. They shall not be lost sight of.

Q IN A CORNER *wishes to know if it was Mr. Hale Thomson who paid the three guineas to make "little Clark," the reporter for the Lancet, a Governor of the Westminster Hospital?*

THOMAS CRAY.—*We fear it would be matter of great difficulty. He can write again more fully as to competence, education, and so forth.*

A PUPIL *complains, with much fervour, of the insult to Sir Anthony Carlisle, and gives particulars of the expressions of feeling manifested by the students towards the reporter of the Lancet. The pupils (he says) greeted him with groans and hisses, on his arrival at the Hospital. Our respected (?) Assistant-Surgeon, Mr. Thomson,* volunteered *to go and ascertain the names of those gentlemen who hissed the* governor of his own creation *(little Clark, the reporter), and made a report accordingly to the Board. If this is the way he intends to gain the respect or good-wishes of the pupils, he is mistaken. There were other medical officers of the institution present, and yet none of them went unasked. Mr. White accompanied Mr. Thomson, but not until asked to do so. The adage of "people in glass-houses should not throw stones" is peculiarly applicable to Mr. Thomson. He accuses Sir A. Carlisle of incompetence, and yet forgets that he himself introduced a trocar in a case of hæmatocele, suspecting it to be a hydrocele. This case was brought before the Board, but of course Mr. Thomson, being a man possessing great interest there, it was hushed up. Does he forget, that two winters ago, the pupils of the Westminster School of Medicine addressed a letter to the proprietors of the school, praying for another lecturer on Surgery, as he was incompetent to teach them? Does he forget that a pupil of the Westminster School of Medicine told Mr. Guthrie, at a meeting of the pupils, that Mr. Thomson, for two sessions successively, pointed to the wrong diagram, when speaking of a particular dislocation of the femur on the pelvis, and that a Mr. Deshon told Mr. Guthrie, he demonstrated the os coccygis to be the phalanx of a finger?*

MR. JONES, OF SHREWSBURY, *next week.*

WESTMINSTER HOSPITAL.—*On a previous occasion, certain opinions had been expunged as entered in the minutes of the hospital, and the only steps taken, were the examination of Mr. Archer, late house-surgeon, and Mr. Bird (now a pupil of the hospital), by Mr. Ayston and Mr. White, cross-examined by Mr. Bicknell and Mr. Hale Thomson, (rather impertinently as is the want of* parvenus.*) The result was anything but favourable to the credit and character of the latter gentleman.*

A STUDENT *strongly recommends the Board of Governors to make Mr. Thomson consulting-surgeon, as well as Sir Anthony Carlisle:—Mr. T. has a more than equal chance of doing mischief, though we cannot exactly say, that it is from the clumsiness of his hands interfering with the* great qualities of his head.

AN ARDENT WELL-WISHER *has our best thanks for his suggestion, which shall be attended to. Let him write often.*

KING'S COLLEGE.—*We question how far old arrangements will be dovetailed with the new, but the affair will most likely be settled on Saturday.*

THE MEDICAL TIMES.

MEDICAL REFORM.

OUR readers, who are interested in the cause of Medical Reform, will, no doubt, have been surprised at what cannot but appear, without due inquiry, to be a non-redemption by Mr. French of his promise in the House of Commons, that he would, on the 31st *ult.*, move for the appointment of a Commission on the subject of Medical Charities and Medical Education in Ireland. Let no one, however, blame the honourable member for this. The truth is, that he had hardly given the usual notice of his motion, when he was beset by *the coterie*—of which Mr. Wakley and Mr. Warburton are the prime movers, backed by my Lords John Russell and "*Mount*"-Eagle, Dr. Somerville, and the other shareholders of the Joint-stock College in Gower Street—he had hardly given notice, we say, when he was so beset and worried by these *conscientious* and *independent* Medical Reformers, as to be induced to withdraw his motion altogether; the plea being, that such motion was rendered unnecessary and useless by Mr. Warburton intending forthwith to embody the evidence adduced before the Parliamentary Committee since 1834, and report the same. Unfortunately, Mr. French fell into the trap, and gave way under the impression that Mr. Warburton and Co. are engaged in preparing for publication a report of the evidence taken by the Committee in question—an event to be expected somewhere about *Doomsday*. We trust Mr. French has found out his mistake, and that, although temporarily foiled, will show a determination not to be beaten out of the field, but rather to persevere in the course he has marked out. Awakened to a sense of the wretched state of the Profession, and desirous of contributing to its improvement; seeing, at the same time, no possibility of any change for the better being effected by those who have hitherto done nothing but promise—promise—promise—and who, with a recklessness of honour and probity which would overwhelm other men with shame, have betrayed every trust that has been reposed in them;—seeing all this, Mr. French should manfully resolve to bestir himself. The aid and support of the enlightened portion of the profession and the public will be given him, and he will earn the thanks of the profession and the community.

PROCEEDINGS AT WESTMINSTER HOSPITAL.

AGAIN we have to refer to the Westminster doings, which have, in some respects, been brought to a conclusion; a majority of the House Committee having sanctioned an outrage on etiquette, decency, and good feeling. In so doing they have incurred no little odium. Mr. Thomson has said, in the language of Thersites, as plain as tongue could speak, "I am a sottish railer," to which we respond amen. He, at present, makes it his glory that he alone may sin against propriety and science with impunity; but we fancy he will, ere long, find his mistake, and lament his error. Let us briefly review the facts of the proceedings—we would fain discover that they were conducted in the spirit of justice. Two cases published in the 'Lancet' were made the ground-work of an attack on Sir Anthony Carlisle—Mr. Thomson led the van, lending his asseveration in confirmation of the reports. Witnesses were then called on the other side, and the written depositions of the patients themselves put in. Now, the craft of the maligners became apparent. Their case must fall to the ground—the written depositions were unanswerable. They would have been glad to have mistaken the identity of their cases, but had gone too far to recede. They stopped the oral examinations—not one-fourth part of Mr. Bird's evidence was gone into. Mr. Thomson began to wince from the unpleasant truths told him by that gentleman, who was prepared to contradict every tittle of the previous statement—trickery and falsehood became more and more apparent at each step of the proceedings—they were, therefore, brought to a conclusion—most impotent and lame. The disproval of the charges was acknowledged, yet in the face of that acknowledgment, the object for which those charges had constituted the pretext was persevered in, and a resolution to that effect carried. That such things should be we deem most unjustifiable—most discreditable to the parties concerned, and we are at a loss to conceive how they could reconcile it to their consciences. Had it been fairly and openly essayed to remove Sir A. Carlisle from the post of acting-surgeon we could not have opposed it, however much we might have regretted that it should be requisite in any way to pain one, whose labours in the cause of humanity and science have no less rendered him venerable than mere lapse of years. If this has occurred at the instigation of Mr. Thomson—the bare mention of whose name is alone sufficient to excite a smile of derision—we have but the alternative of terming him "ignobly base, or else intensely dull." We may address him as "a finder out of occasions; that has an eye can stamp and counterfeit advantages, though true advantage never present itself."

"But no—did not Mr. Thomson come unprepared to compress the femoral artery,"—much to Mr. White's annoyance, who was glad to avail himself of Mr. Guthrie's assistance?—Did not Mr. Thomson put a trocar into a fungoid testicle, supposing it hydrocele? And again, how long did Mr. Thomson fumble for the stricture in his last operation for hernia, before Mr. White came to his assistance? Now, Mr. Thomson, a few personal words with you;—you have entered upon an evil course—the wrongs you have done may heavily be retaliated on yourself. In the language of exhortation, repent ere it be too late, and thou mayest yet attain respectability. If thou wilt not—prepare to be an object of hatred and contempt wherever thou art known. In the hospital, patients will shrink from the mention of thy name, and pupils will show thy presence as though they feared contamination. Thou wilt creep about the wards like a poisonous reptile, which, though deprived of its venomed fangs, remains an object of loathing and disgust.

SCENE FROM AN UNPUBLISHED VERSION OF THE BEGGARS' OPERA.

DRAMATIS PERSONÆ.

PEACHUM (his original character) ..... Mr. WAKLEY, M.P.
LOCKIT ..... Dr. RODERICK MACLEOD.
FILCH ..... Mr. G. J. MILLS.
MACHEATH ..... Mr. LISTON.
MAT-O'-THE-MINT .... Mr. RICHARD QUAIN.
Mrs. PEACHUM ..... Mr. FARR.

ACT I.

SCENE II.—*A Drawing-room in Cavendish-square.*

LOCKIT *and* MACHEATH *seated at a table, on which are sundry books, manuscripts, pens, ink, &c., two glasses of water, and a box of toothpicks.* DOMIER *at a side table.*

LOCKIT. Noble captain, your are welcome! You have not been a contributor of mine this year and a half. You know the custom, Sir; garnish, captain, garnish. Look here, Sir, I've written out four different notices of your work. What do you think of this? [*Handing a MS.*]

MACHEATH. This, Mr. Lockit, seems to be the most severe of the whole set. With your leave I should like one of the others better.

LOCKIT. Look ye, captain; we know what is fittest for authors. When a gentleman uses me with civility, I always do the best I can to please him. See, here are some very flattering; the style singularly varied, you see. I have them of all prices, from one guinea to ten; and 'tis fitting every gentleman should please himself.

MACHEATH. I understand you, Sir. [*Gives money.*] The fees here are so many, and so exorbitant, that few fortunes can bear the expense of getting off handsomely, or writing without being abused.

LOCKIT. Well, Sir, this I see is very well adapted for your work. Do but read it, Sir; never was a more neatly written little bit of compliment; so genteel! No gross flattery or indiscriminate praise any fool might see through, but the most sensitive author in England might not be ashamed to be so spoken of. I'll send it off to Longman's directly; if I had the first author in the land to review, I could not treat him more handsomely, and so, Sir, I wish you good morning. [*Exeunt.*]

SCENE III.—BECK'S *Tavern in Fleet-street.*

FILCH, MAT-O'-THE-MINT, CROOK-FINGERED-JACK, HARRY RUSH, *and the rest of the gang, discovered at a table, with whisky, brandy, and tobacco. A bevy of printers' devils in a corner regaling on half-and-half. A song just concluded with a chorus.*

Then think of this maxim and cast away sorrow,
The wretch of to-day may be happy to-morrow!

FILCH. But prythee, Mat, what is become o' thy brother Jones? I have not seen him since my return from transportation.

MAT. Why, poor Jones was sadly cut up at being obliged to resign, but you know it was necessary. Two suns could not exist in the same firmament, so self prevailed. However all has gone wrong since that intrigue, and I begin to dread that a fearful retribution is at hand.

Enter MACHEATH.

MACHEATH. Come, come, Mat, no heroics; cheer up man, the knife will carry us through. In the mean time serve round some gin-and-water, and we'll have a song to cheer up these poor devils.

AIR.—(MAC.) 'March to the battle-field.'

Off to the office, boys,
The 'Times' is now before us,
Every one must write his best,
Or they will be victorious.
The woes and pains,
The galling chains,
They keep our spirits under;
With might and main
We'll break again,
And cast their bonds asunder.

Chorus, with peculiar zest, by the whole of the hungry ones—Off to the office, boys, &c.

Who 'gainst the 'Lancet,' boys,
Would write for her invader!
Who his bare purse to fill,
Would traitor-like betray her.
Old Peachum's cause,
His home and ours,
'Gainst bailiff's power sustaining,
The 'Times' renown
We'll all write down,
Or starve, our print maintaining.

Exeunt singing chorus—
Off to the office, boys, &c.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER FOURTH.—DR. PHILANTHUS'S GREAT BOTANICAL EXCURSION.

(Continued from page 171.)

"WAITER!" shouted Huggles as he entered the garden, and seating himself upon one of the benches began thumping the table with his stick. "Now, then, my p—idgeons (laying a great stress on the first letter), who's game to toss for a pot?" and he accompanied his question by spinning a penny up in the air, and adroitly covering it with his hand as it fell upon the table, after the most approved method of public-house parlours.

"Did you call, Sir?" said the waiter, a mealy-faced fellow with a dirty napkin under his arm.

"Who, I? Oh, no, not by no means anyhow," said Huggles, looking very vacant at the inquirer.

"Don't sell the baste like that," said Macarthy, interfering. "Halloa, young crumbrusher, what sort of swizzel do you kape here?"

"We've some very fine old port, Sir," said the man, wiping nothing off the table, "and our pale sherry is particularly recommended."

A stare of bewilderment from all the men succeeded this announcement; they first looked at one another, then at the waiter, and then bursting into a loud horse-laugh, bolted out of the place as fast as they were able, to meet the Doctor, whom they now saw advancing towards them, leaving the waiter, as Mac expressed it, "completely circumslogdollagized—and sarve him right for thinking medical students ever perpetrated sich improbabilities as port and sherry."

"Good morning, gentlemen," said Dr. Philanthus, as he advanced towards them, looking like a scientific Jack-in-the-Green. "Botany is derived from the Greek word *botáne*, a plant, and signifies that portion of natural history connected with the vegetable world.

"Twig his introductory," said Swubs quietly to Okes, at the same time sticking a long bullrush up the collar of his coat."

"The productions of the teeming earth," continued the Doctor, plunging *in medias res* at once, "furnish us with an inexhaustible fund of scientific and gratifying amusement."

"That's his idea," whispered Mac to Huggles. "A man must be mighty hard up for friends to amuse himself with the society of a buttercup."

"And rivet our attention," resumed the Doctor, "by their admirable combinations."

"He's a rum'un at lobster salad himself," said Huggles aside. "Did'nt I see him eat it at Catchmole's party!—Oh, no, not at all! I wonder he could make up his mind to break down so much beautiful cellular structure at once."

"We are in a fortunate locality, gentlemen," said the Doctor, "for following our researches with success. Hampstead Heath presents every advantage to botanical students."

"Especially at the Spaniards," in an under tone from Mac.

"And I propose that we commence our excursion at once, in order to lose no time."

This was the signal to start, and off they all went down the Heath. In a few minutes the Doctor was fully employed. First his class picked up every green thing they came across, and asked him its name; then they wrote the name on a little slip of paper, and showed it to him to see if it was right; then they deposited it in their candle-boxes; and after that all went to work again with enthusiastic ardour, until six new men made a savage rush at one forget-me-not, and all tumbled into a ditch together.

"Hurrah! who's afraid?" said Huggles, most inexpressibly delighted at this accident, more especially as Okes had new boots on, and the bottom of the ditch was yellow clay. "There's your animated water-cresses, Doctor. Don't fight in the ditch, boys—have it out all fair upon the Heath."

Hereupon the six new men began a mutual recrimination towards each other, and two turned sulky and went home at once. Dr. Philanthus softened the irritated feelings of the remainder, by promising to lead them to some spot where they would find plenty more forget-me-nots, and Mr. Okes went into a beer-shop to get his trowsers scraped by the pot-boy, and have a new polish put to what Mac called his patent argillaceous overalls.

As soon as good-humour was restored again, and the new men had got over their annoyance at having their new clothes covered with clay (and regular tailors'-bill reformers they were—two pound ten coats and guinea trowsers), they proceeded once more to collect their herbage. The Doctor was most indefatigable in his researches. He climbed over hurdles and arches for weeds and water-plants—he scaled the fences of cottagers' gardens after queer flowers he saw from the road; and was, of course, blowed up by the old women for trespassing—he half ruptured himself in straining after creeping parasites; and, finally, declared he was so hungry that he thought some little refreshment would be advisable to infuse new sap into his circulation, and revive his vascular tissues.

This was the signal for a general halt, much to the joy of the botanizers, and a council was immediately formed to decide where the expedition should pick up the grub for the day.

Various were the suggestions made and plans proposed. Mac said he knew a very good house down in the village where the heavy was slap up, and there was a board for shove-half-penny. Swubs and Huggles, the Leeds twins, recommended the beer-shop where Okes had his boots cleaned, because they could play at four-corners, hokee-pokee, or ground billiards, or something of the kind, and having turned out the snobs, sit on their benches out of doors with a screw and a short pipe, to say nothing of an occasional dram of half-and-half, which Okes had promised to stand if Swubs would carry his candle-box home through the more public streets—a proposition the latter acceded

to very readily, swearing very emphatically that the little boys might burst their diaphragms for aught he cared for their bargeing him; but Okes never could stand the little boys—they always sewed him up at once if they shouted after him. However, none of them could settle the point amongst themselves, and so the Doctor was appealed to for his opinion. "Gentlemen," said he, "I propose that we should follow the same plan pursued in former excursions. Let us purchase a quantity of eggs and ham in the village, and then select some decent cottage for them to be cooked in. You can send for what little beer may be necessary —("Hear, hear!" from Mac, who had perched himself on a rail at our side, and was giving a beautiful imitation of Mynheer Von Joel in his celebrated scena *Myn vader vos a schneider*)— I repeat, gentlemen," continued the Doctor, half in a rage and half laughing, "you can procure your malt-liquor if you must have it from some neighbouring house of public resort, and we will remunerate the people for their trouble."

The new men, who had gravely attended to the Doctor's speech, bowing their heads to him at every period, readily acquiesced of course—new men always do to what a lecturer says; and as they were in sufficient number to outvote the old stagers (another thing that always happens, for few old pupils go botanical excursions twice, after they "find them out"), the second-course fellows agreed. But a new difficulty arose, who was to go and buy the eggs, for they were a mile and a half from the village, and rather tired.

"Who's for a walk into Hampstead?" cried Okes. "Don't all speak at once."

An ominous silence followed.

"I have it," said Mac, hitting Swub's box such a cut with his stick in his hilarity, that the lid flew open, and all the green stuff tumbled out. "Let's ride down upon donkeys, and steeple-chase it back; whoever gets here first, not to pay his share of anything, and the Doctor to decide. There, my bricks, what do you think of that?"

"I'm game for one," said Swubs.

"I'm another," reiterated Huggles.

These two men of course went together; and when Mac saw them once coming up to the hospital under one Macintosh cloak in a shower of rain, he pointed them out to Dr. Catchmole, who was standing in the hall, as a case of twins in one membrane.

"I think I should prefer a pony," said Mr. Okes. "Donkeys are very common."

"But then they're half-price," said Johnson. "Ponies are eighteenpence—donkeys are ninepence per hour, including the boy, and the pins in the stick."

One or two of the new men fought a little shy of the proposal, and preferred staying with the Doctor; but as the majority had been brought up in the country, and accustomed to luxuriate on commons at half-guinea cottage midwifery cases, whence they acquired a full knowledge of the equitation of those useful quadrupeds, they joined Mac's party, and altogether mustered ten or twelve strong.

Now there are various localities in the vicinity of London where donkeys flourish. In the suburban ruralities of Primrose-hill and Highgate many fine studs may be met with—at Blackheath they form a staple article of peregrination—at Woolwich and Gravesend they delight the poor deluded people, who fancy they are at the seaside—further out, at Herne Bay, they bear the beauties of Bishopsgate-street Within and the Hackney-road to shrimp-devouring localities—still more distant, at the all-refined and genteel Margate, they bask in the sun on the chalk-cliffs above the Fort, until they become as tawney as their riders' slippers; but it is at Hampstead Heath alone they are seen in all their glory. What matters it if the saddles be old and time-worn—is there not a white aponeurotic expansion of calico bound with red fibrous tape that effectually conceals the blemishes? If they are idly inclined, is there not a boy to run behind and provoke nervous irritation by a sharply-pointed stick? Did a donkey ever get tired?—did a donkey ever break his knees?—was a donkey ever blind?—has a donkey ever run away? You may be hereafter asked these questions at the Hall, (for they expect you sometimes to give a response to queerer interrogations than these,) and what will be your answer—decidedly in the negative.

But we have digressed too long about donkeys—we will return to botanical students. There was little difficulty in procuring steeds for the party, and they were all soon mounted to their satisfaction, except Huggles, who got on a side-saddle, which, of course, turned round with him directly, and shot him into the road; and Mac, who would squeeze into one of the chair seats, evidently too small, which compressed the lateral diameter of his pelvis so considerably that he had a very difficult labour to deliver himself from it again. At last they were all arranged, and the procession formed, which was ordered to go in regular array to the farthest cheese and bacon warehouse, each gentleman being attended by his running footman. Amidst the shouts of the students, the "come-up's" of the boys, and the screams of delight from the small fry that had collected together, the expedition wound its way along the Heath, passed Jack Straw's Castle, descended the hill, and entered the village of Hampstead.

ROCKET.

ON THE NEW MEDICINE, MONESIA.

COMMUNICATED TO THE MEDICAL PRESS BY M. DONOVAN, ESQ.

THE statements which have been made by the continental physicians, relative to the extraordinary medicinal virtues possessed by the new vegetable substance, monesia, have induced me to obtain a quantity of it from the continent, in order that the faculty of Dublin may have an opportunity of proving its efficacy. It has lately, for the first time, been imported into France from South America, and trials of its power have been made with eagerness. It is an extract obtained, in the latter country, from a tree, the name of which is not known. It is imported in flat loaves or cakes, weighing 1¼ pound avoird.: it is of a deep brown colour, and is soluble in water. It consists of chlorophylle —vegetable wax—a fatty crystallizable matter —glycyrrhizine—an acrid bitterish substance—a little tannin—unexamined acids—a red colouring matter, and phosphate of lime. This substance has been prepared for medical use in a variety of forms, of which the chief are a more refined extract, a tincture, and an ointment. The refined extract is the one alluded to in the following account throughout. That which I possess, prepared by water from the South American product, has a striking taste of liquorice extract, which is speedily followed by astringency, then by a feeble bitterness, very little warmth, and a slight sensation of smarting in the throat. I know of no astringent bitter less disagreeable to the taste; many will conceive it even pleasant. Its smell is slight and indescribable. In its appearance it somewhat resembles kino in small fragments; but it has not so high a lustre. It is very friable, and may easily be reduced to a very fine powder. It dissolves in water: the solution is dull brown, and not quite transparent. The peculiar taste of monesia is most perceptible on its solution, the sweetness being then striking and distinct from the astringency and bitterness which succeed it. The bitterness and warmth always feeble—can be perceived in the mouth for a good while after the solution has been swallowed. I have endeavoured to ascertain the effect of other substances on monesia, with a view of discovering such medicines, possessed of coinciding effects, as may be used as adjuvants, without risk of impairing its efficacy. The following is a very brief, yet, perhaps, sufficient abstract of the facts which I have ascertained; and, in the subjoined formulæ, they will be found recapitulated in such a manner as to be seen at one view. The solution is blackened by salts of iron; sulphate of zinc suffers decomposition from it; and acetate of lead is copiously precipitated by it. Hence, notwithstanding the coincidence of some of the effects of the three astringent metals used in medicine, I do not conceive that extract of monesia should be prescribed with any of the salts of iron, zinc, or lead. Tartar emetic does not appear to be disturbed by it. Tincture, or extract of rhatania, has no injurious effect on monesia; and hence may be often combined with it advantageously. I could not observe any bad effect from admixture of tincture or infusion of catechu, or of kino. But what seems particularly unfortunate is—that the solution of extract of monesia, when mixed with acid solution of sulphate of quinina, produces an immediate and copious precipitation. This is to be lamented, as the two substances might, conjointly, produce the most important effects, if the mixture of them were not thus interdicted by the alteration produced on both. Although sulphate of quinina is thus decomposed, infusion of cinchona neither suffers from, nor does injury to, monesia, the reason of which is obvious: it is not sulphate but kinate of quinina, and of cinchonina that exists in cinchona lancifolia, from which the tincture and infusion are made. An infusion made from cinchona lancifolia, with extract of monesia dissolved in it, will, no doubt, prove an excellent medicine. The solution of monesia has no effect on tincture of galls; and hence powdered extract of monesia, and fine powder of galls, are compatible in an ointment, and the great power of the former, as an external application, may thus be increased by that of the latter. Buchu, gentian, quassia, colomba, rhubarb, cinnamon, and cascarilla, have no detrimental effect on monesia. This substance may be combined with propriety, and, perhaps, advantage, with the acid infusion of roses. Angustura alters its qualities somewhat. I have not been at present able to determine whether opium exerts any injurious effect on monesia, or the latter on it: a precipitate is certainly formed by tincture of opium in solution of extract of monesia. In the absence of proper information, it may be deemed prudent to exhibit the two medicines at different periods—a precaution which is more frequently necessary than practised by prescribers. This extract tinges highly rectified spirit, but does not dissolve in it perfectly. When the spirit is diluted, the extract dissolves and forms a muddy tincture, which the filter does not clear, and which passes but slowly through it. It seems to dissolve in water fully as well as in diluted alcohol. The watery solution is its best formula, although, in warm weather, it would not keep long without the addition of some tincture—perhaps its own. Both the infusion and tincture are muddy. The extract may be formed into a pill-mass by the addition of water to its powder. It absorbs much of this liquid, and although the mass may be at first too soft, it speedily becomes hard, and hence the mass must be quickly formed into pills. It is a light, bulky substance, and

hence the pills, to be of a proper size, must not weigh more than three grains and a half. They become very hard, and the form seems inferior to that of solution in water, except where the latter cannot be borne on the stomach; but this, I believe, seldom happens. The following is an abstract of the recoveries effected by monesia, as reported by the French physicians:—Out of 42 soldiers affected with diarrhœa, 36 were cured. Of these, 24 got pills of the extract, amounting to 10 or 15 grains in the day; and 12 had clysters composed of ℥x. of bran-water, holding two drachms of extract of monesia, dissolved. Several other cases of diarrhœa, which resisted the usual remedies, gave way to the exhibition of the extract by the mouth and the anus; some of these were persons far advanced in life.—In leucorrhœa, where the discharge was profuse, the extract given by the mouth, and its tincture, diluted with water, thrown up into the vagina, proved useful. In one case, the discharge was increased by two doses of the extract; but on being used as an injection, the discharge, which had resisted every other remedy, ceased, and never returned.—In another case, wherein there was much pain, and which resisted baths, leeches, and opiate injections into the vagina, an injection of the extract of monesia, dissolved in water, was thrown up the vagina once a day—the patient was well in a fortnight. In hæmoptysis, in which bleeding, ligature of the limbs, and ordinary astringents failed, extract of monesia succeeded. In menorrhagia, and epistaxis, it was also successful. In chronic catarrh of old persons, in dyspepsia, and in the third stage of phthisis, in the chronic stage of bronchitis, in chronic enteritis, in scurvy, gangrenous eschars, and in various scrofulous diseases, the benefits of monesia have been striking. In the dose of about half a scruple to a scruple, the extract, taken every day for ten days, acts remarkably and beneficially on the stomach. If the dose be pushed to one drachm every day, for 15 or 20 days, the appetite increases; but sometimes a sensation of heat is perceived in the epigastrium; tenesmus and obstinate constipation may also occur. Hence the effects must be moderated by diminishing the dose, and laxative clysters should be given, if required. Monesia shows its maximum power in diseases of the digestive organs, in hæmoptysis, uterine hæmorrhage, and ulcers of the skin, or of the mucous membranes at their origins. An ointment, made of the extract of monesia reduced to a fine powder and mixed with cerate, may be applied with the greatest effect to all painful sores depending on a local cause. Syphilitic or scrofulous ulcers cannot be permanently cured by this ointment, but may be greatly modified and benefitted, or even temporarily healed up. Scrofulous diseases cannot be cured by the external use of monesia; it must also be exhibited internally; and by this twofold treatment many remarkable cures have been effected, which have been described in detail by Dr. St. Ange. M. Buchez has tried extract of monesia, in inflammation and scorbutic swelling of the gums, uniformly with advantage, in cases which resisted all other means. The pain which accompanies caries of the teeth, is sure to be removed (he says) in a few minutes. One is struck by the very peculiar action of monesia on every organ. As its tonic powers have been proved in more than 400 cases, it is a safe inference that the healing art has discovered in it a real acquisition. But it is much to be regretted that its original cost is so great as almost to preclude its general introduction, at least until an increasing demand shall render its manufacture and importation less expensive.

FORMULÆ FOR THE EXHIBITION OF EXTRACT OF MONESIA.

1. *In the Liquid Form.*—R. Extracti monesiæ, semidrachmam, Aquæ uncias quinque cum semisse:

Solve et adde,—

Tincturæ cardam. comp. vel Tinct. cinnam. vel Tinct. rhataniæ, vel Tinct. cinchonæ, vel Tinct. colombæ, vel Tinct. catechu, vel Tinct. kino, vel Tinct. rhei, vel Tinct. gentianæ, semiunciam, vel Tinct. quassiæ, drachmas tres.—Sumat cochlearia duo ter quaterve in die.

All the above tinctures are compatible with extract of monesia; or—

R. Infusi. gentianæ comp. vel Infusi. cinchonæ, vel Infusi. colombæ, vel Infusi. cascarillæ, uncias sex.; Extracti monesiæ, semidrachmam,—Solve. Sumat ut supra.

Tinctura Monesiæ.—R. Extracti monesiæ, unciam, Spiritus tenuioris uncias novem cum semisse; Aquæ uncias duas, solve, et sepone ut subsidant fæces, tunc tincturam effunde.—Of this tincture, each drachm contains five grains, the fæces being almost nominal.

2. *In the Solid Form.*—R. Ext. monesiæ, grana triginta sex,

Aquæ quantum sufficiat ut formentur pil. duodecim, quarum, sumantur duas, bis terve in die.—The bulk of this pill will be found quite sufficient.

3. *In the Form of Ointment.*—R. Extracti monesiæ, subtilissimi pulveris, semidrachmam. Ung. ceræ albæ, vel Ung. gallarum, vel Ung. zinci, unciam.—M. The oxide of zinc can scarcely prove injurious, although its sulphate is.

CLINICAL LECTURE ON PAINS IN THE LOINS,

DELIVERED BY SIR B. C. BRODIE AT ST. GEORGE'S HOSPITAL, JANUARY 28, 1840.

GENTLEMEN,—At the outset, before proceeding to the main subject, I would direct attention to an important distinction in the diagnosis of encysted tumours, and one which could not be too carefully observed—the distinction between those cysts which contained merely water, and those which contained serum. The former are very rarely seen, and may be made to discharge their contents, and eventually be entirely got rid of, by stimulating applications to the surface of the skin. But the latter—the encysted serus tumour—is of frequent occurrence; and, from the circumstance that it had been often confounded with scirrhus, deserves particular attention. It is a local disease, *per se*. It has, strange to say, never hitherto been named; and although I am well aware that a fondness for novelty, and for the multiplication of names, is considered a great vice, I yet feel much inclined to bestow upon it some appellative, and would therefore call it a *Sero-cystic tumour*. Having exhibited some illustrative preparations, he then went on to say:—I have now, gentlemen, to bring before your notice another and an important disease; and, in describing it to you, to show how extensively a symptom may differ, according to circumstances. While going through the preliminary course of education laid out for you—while receiving instruction in the wards of the hospital—it may be sufficient that you study diseases in a general way; that you know what appearances are likely to exhibit themselves in certain changes of structure; but let me impress upon your minds, that when, in after years, you shall come to exercise your profession, and to undertake the onerous duties it imposes, such knowledge will, of itself, be totally inadequate. You must study the *symptoms* of disease *in the abstract*, in order to practise with success. You must not only know when and where to look for the symptoms on which your diagnosis will be formed, but you must endeavour to find out what gave rise to them, and take advantage of every distinction they may present; for, very frequently, one and the same symptom may occur from two or more directly opposite causes; and it is obvious, that unless you ascertain from which cause it was, your treatment will be liable to error. This is well illustrated in *pain in the loins*—the subject which I have selected for today. Now, pain in this region, as every body knows, is exceedingly common. It is especially observable in lumbago, and here it is often connected with derangement of the digestive organs. It may be produced by a loaded state of the colon. I once attended a gentleman who was subject to severe pains in the morning, immediately after leaving his bed, but which always subsided in the course of the day. I found that the colon contained some extraneous bodies; and giving him active purges, and drawing blood, he completely recovered. There is a form of lumbago which is usually violent throughout its course; and that is what has been hitherto designated as *rheumatic lumbago*, although, in truth, its characteristics are peculiarly those of a gouty affection. There is costiveness, and acidity of the stomach. The patient's urine deposits a large quantity of ammonia; and traces of this substance are left in the chamber-pot, sometimes of a pink, sometimes of an orange colour. The real seat of the disorder, however, is in the nervous, rather than in the muscular system; the muscles become affected only in consequence of the nervous excitement. Thus, lumbago often leads to sciatica; and that the latter is a disorder of the nerves, is manifest from its symptoms. There is a preparation in the Museum of the Royal College of Surgeons, exhibiting the highly disorganized state of the nerves in a patient who died of sciatica, which you would do well to see. As to the treatment in this, the rheumatic, or I should more properly say, *gouty lumbago*, you will find that cupping on the loins affords the greatest amount of relief. But you will not cure your patient by cupping alone; you must neutralize the acidity of his stomach, by the exhibition of alkalies, disguised by a vegetable acid. This was the method recommended by Sir Gilbert Blane, and I follow it myself. I generally employ the carbonate together with the tartrate of potass—of each one scruple. I have also derived great benefit from the use of colchicum, in alterative doses; say one to three grains, at bed-time, for several successive days.—Flowing from lumbago there is a disease more formidable still, in which the loins exhibit a striking degree of pain—I mean paraplegia. Here the pain extends to the lower limbs, causing extreme numbness; and the muscles refuse to obey volition. The febrile disturbance is, at the same time, excessive; the spinal cord aspears to be suffering a high state of inflammation; and ultimately, the case becomes entirely hopeless. The most decisive measures are therefore demanded. You must cup freely, especially in the loins; give strong purges—calomel and opium. To bring the system, however, under the full influence of opium should be your main endeavour; and, bearing this in mind, you will, as I have done, inevitably save numerous lives. Again, pain in the loins may be the consequence of diseased kidney. When you suspect this to be the case, you must make every possible inquiry; for your patient's kidneys may be bad, and yet he shall have little, if any, pain in the lumbar region. When there is an abscess of the kidney, the pain is very great. Occasionally calculi will get into the urine, and then there is pain; but not when they fall back into the

kidney. The best indications that the pain in question is occasioned by something wrong in this organ—the kidney—are, that it attacks one loin only—at least, it does so mostly,—that the patient is sick, that he has a difficulty of making water, and that he gradually loses flesh. But, if there still should be any doubt, an examination of the urine voided will be necessary; and if found to be albuminous, it will decide the point. Pus, and small laminated masses of lymph, have not unfrequently been detected in the urine, under these circumstances. Another cause of pain in the loins is a diseased condition of the vertebræ—especially ulceration of the intervertebral cartilages. In scrofulous children, such ulceration is not uncommon; but it is present in almost all scrophulous diatheses. The pain is always great when the lumbar vetebræ are thus attacked; it is at first slight, but by-and-by becomes highly aggravated, often ending in the formation of lumbar abscesses.

In persons who have suffered from falls and contusions, this kind of pain is at times manifested. How many are brought into this hospital after accidents who complain of it!—and whose urine, moreover, is either albuminous, ammoniacal, or loaded with mucus!—Morbid growths, (such as fungus hœmatodes, produce analogous pains in the back and loins; but such growth may easily be felt through the abdominal viscera.

Lastly, pain in the loins is a frequent source of complaint among hysterical women. If I have heard one, I am sure I have heard forty women complain of it, and that most loudly. In these cases you are not to be guided in your diagnosis, or your treatment by the *degree* in which the pain presents itself, but by other and different circumstances—such as coldness of the hands and feet, irregular menstruation, continued leucorrheal discharge, and by an exquisite sensibility of the skin. Nor must you suffer your judgment to be at all influenced by the account which your fair patient may give of her ailment; for you all know the propensity that prevails, for the exaggeration of one's sufferings. The hour having nearly expired, the Baronet here concluded, for the purpose of demonstrating some preparations on the table.

JUSTICE TO MR. THOMSON.

TO THE EDITOR OF 'THE MEDICAL TIMES.'

SIR,—I was happy to find my last communication had the desired effect of mollifying your editorial pen in reference to Mr. Thomson, and also of exalting the perception of some of the governors to a sense of that gentleman's egregious merit; he scrupulously conceals it from vulgar gaze, and this is unjust, for not even a farthing rushlight should be concealed under a bushel measure according to scripture. But for modesty, Mr. Thomson is a perfect mimosa sensitiva, and therefore I am compelled to make the blazon of his fame my task, and to endeavour to depict him in basso relievo on the broad sheet of the 'Medical Times.' The popularity of the Assistant-surgeon hourly increases; he wanders about the hospital heedless of the din of wordy warfare, ever and anon giving utterance to acute clinical observations in accents mellifluously bland. You have doubtless heard, Mr. Editor, of Mr. Thomson's scientific stethoscopic diagnosis of ruptured diaphragm, which is yet fresh on the minds of many, and which marvellous occurrence was undiscoverable to all common minds. Mr. T.'s intellect, indeed, goes at railroad speed, and is, therefore, soon lost sight of by all slow coaches—his colleagues, for example; they, however, look up to him almost in the light of a paternal relative—he patroniseth Guthrie—restraineth White, and chastiseth Lynn, and, in fact, keeps the whole hospital in order.

Now, Mr. Editor, for my grand disclosure. We had a meeting on Saturday, with a view to decide on some permanent expression of our high regard for Mr. Thomson. The chairman, Mr. Cox, made a fine introductory speech, in which he said, that though it might be truly said of Mr. T., both as a man and a philosopher—"exigit monumentum ære perennius"—yet some physical momento of our esteem was due to him, and he therefore begged the suggestions of the gentlemen present on the subject. Mr. Simkinson suggested the erection of a statue of Jupiter Tonans. To this Mr. Jinkins strongly *h*objected, *a*ving a great *h*aversion to earthen theology—in Shakespearian language, he did not like to give "a *h*airy nothing a local *a*bitation and a name." Mr. Avis recommended the allegorical group, of a donkey kicking a dead lion, which he deemed the acmé of sublime daring. Mr. Higging wished that Mr. Thomson should be applied to for the material for the monument, as it was understood he had an ample stock of brass by him. Mr. Wilson, the celebrated sculptor, on being applied to for his opinion, as to the most eligible plan, declared his classical partiality for *fabulous* allusions in general, but was unwilling to come to a hasty decision on the subject, and his influence caused the judgment of *several of the students to be suspended.* It was also taken into consideration whether Mr. T.'s newly-found arms should be placed on the monument, viz., a tourniquet, supported by a stethoscope and a bottle of tinc. of iodine, or whether there should be the following Latin inscription—which was greatly admired, though, unfortunately, beyond our appreciation, as our maternal relative never allowed us the advantage of a classical education, which we have often had reason to regret, from being unable to understand Mr. T.'s prescriptions. Mr. Rufus has kindly transcribed the sentence in question for us thus,—"Rara canis soboles, magnum Jovis excrementum." Yours, Mr. Editor, GREGORY GAMMERN.

REMARKABLE CASES OF HOMICIDAL MONOMANIA. BY DR. MILLINGEN.

[THE following curious illustrations of insanity, in one of its numerous shapes, must be interesting to every reader. No greater difficulties, no heavier responsibility can be met in the active practice of the medical profession than such as relate to the question of the sanity or insanity of a patient. Upon the fiat of the physician rests the liberty of a fellow-creature. We quote from the 'Polytechnic Journal,' a new magazine which we have before had occasion to mention, and which, from the sound character of its contents, deserves an extended sale.]

Henriette Cornier, a female servant, twenty-seven years of age, was of a mild and lively disposition, full of gaiety, and remarkably fond of children. On a sudden a singular change was observed in her deportment: she became silent, melancholy, disturbed in thought, and finally sunk into a state of stupor. This was in the month of June: she was dismissed from her place on account of her mental dejection, and in the month of September endeavoured to commit suicide. In the following October she entered into the service of a Madame Fournier, still desponding and melancholy. On the 4th of November she suddenly conceived the horrible purpose of murdering the child of a neighbour. Her mistress had gone out to walk, and ordered her to prepare dinner at the usual hour, and to go to a neighbouring shop, kept by a woman of the name of Belan, to buy some cheese. She had often been to the shop before, and had always manifested great fondness for Belan's little girl—a beautiful child, nineteen months old. On this day she displayed her usual fondness for it, and persuaded the mother, who at first was rather unwilling, to let her take it out for a walk. Cornier then hastened back to her mistress's house with the child, and, laying it across her own bed, severed its head from its body with a large kitchen knife. She subsequently declared that while executing this horrible deed she felt no particular emotion—either of pleasure or of pain. Shortly after, she said, the sight of the horrible spectacle before her eyes brought her to herself, and she experienced some emotions of fear. At the end of two hours, during which time she had remained chiefly in her own room, Madame Belan came and inquired for her child, from the bottom of the staircase. '*Your child is dead,*' calmly replied Henriette. The mother, who at first thought she was in jest, soon became alarmed, and rushed forward into the chamber, where she beheld the mutilated and bloody fragments of her child. At that moment Cornier snatched up the head of the murdered infant and threw it into the street, through the open window. A crowd of persons rushed into the room, where Henriette was found sitting on a chair near the body of the child, gazing at it, with the bloody knife by her, her hand and clothes stained with gore. She made no attempt to escape, nor to deny the crime. She confessed all the circumstances, even her premeditated design, and the perfidy of her caresses, which had persuaded the unhappy mother to intrust her with the infant. It was found impossible to excite in her any sentiment of remorse or grief. '*I intended to kill the child,*' was her constant reply, adding, that the idea had taken possession of her mind, and that 'she was *destined to do it.*' When asked why she threw the head out of the window, she answered that it was to attract public notice, that people might come into the room and see that she alone was guilty. This unfortunate creature was tried on the 27th of February, 1826, when the medical witnesses declared that, though they could not adduce any positive proof of her insanity, yet they were equally unable to pronounce her sane. She was again brought to trial on the 24th of June, when the jury returned a verdict of Guilty of committing homicide voluntarily, but not with premeditation, and she was sentenced to hard labour for life.

Catherine Harnstein having been detected in a petty theft, which was reported to her husband, a man of harsh and austere manners, of whom she stood greatly in fear on account of his cruel treatment of her, became exceedingly melancholy and depressed. After suffering much and long from her cruel husband she determined to leave him, and accordingly took her departure, taking her infant, two and a half months old, and her little girl, who declared she would rather die than be left behind with her father. The thought which this reply brought to her mind, the distress that afflicted her, the fear of what would happen to her children in case of death, and at the same time her ardent desire to terminate her own existence,—all these circumstances united gave rise to the barbarous design of drowning her two children. Having arrived at the bank of the Danube, she made her little girl kneel down and pray to God for a good death. She then placed the infant in the hands of her sister, blessed them both, and, making the sign of the cross, pushed them into the river. This done, she returned to the village, and told what had passed. Horrible as this crime was, it surely should not, in justice, have brought her to the scaffold, nay, it would be difficult to say whether or not she ought to have been confined as a lunatic, for the act was committed in a paroxysm of despair.

MEDICAL OBITUARY.

At Stone-House, Devon, A. Copland Hutchinson, M.D., and F.R.S.—In Bagenalstown, of typhus fever, D. B. Tarleton, Esq., M.D.—On the 1st inst., Lawrence Caton Borrell, Esq., Surgeon.

MEDICAL REFORM.

HOUSE OF COMMONS—FRIDAY, JANUARY 31.

Mr. FRENCH presented a petition from Mr. Dermott, of Charlotte-street, Bloomsbury, lecturer on anatomy and surgery, the high character of whose school, he stated, is well known to the profession and the public, and whose experience on the subject of which it treats entitles his opinions to great weight, Mr. Dermott, since the commencement of 1824, having educated upwards of two thousand pupils. The petition was to the following effect:—"That there are at present in the United Kingdom nearly twenty bodies having the power of granting medical degree and licences; that the laws by which these institutions are regulated are in numerous instances diametrically opposed to each other; and that from this disorganised state of the profession much public inconvenience results. That the boards of management, generally called councils, and the boards of examiners in the medical universities or colleges in this country, are self-perpetuated, as their members assume to themselves exclusively privately to select individuals to fill up the vacancies which occur by death or otherwise, proving themselves, in the strictest sense of the word, close corporations. That the great body of the professions are thus deprived of all participation in making the laws by which they are governed, or of any control over the expenditure of their funds. That all examinations for degrees are private—that for this reason great partiality is sometimes exercised, and that an opportunity is afforded to uneducated and unqualified persons to pass by proxy. That in these examinations no practical test, as regards anatomy, chemistry, or surgery, is required. That under the present system medical officers to public institutions obtain situations either by the payment of money or by the exercise of private or political interest, thereby excluding professional ability from its fair reward. That in those institutions where the formality of an election takes place, the electors, the majority of whom are non-medical, have no opportunity of judging of the comparative merits of the candidates, save by the delusive testimony of written certificates. That in the majority of those instances the result of the election is forestalled long before the public are aware that a vacancy is to take place, by the secret exertion of a few individuals, whose object is not that the best selection shall be made, but to secure the success of some friend or relation of their own. That such a system is productive to this country of the most injurious consequences—depriving the sick of the benefit of superior talent and experience, and demoralizing the character of the profession, by offering to idleness and ignorance (through private patronage and intrigue) the legitimate rewards of industry and merit. That by the confliction of personal and party interests the original objects of the institutions have been perverted, and they have become arenas of discord in place of institutions of charity. That this system is a direct insult to the name of science, tends to degrade the medical profession in the eyes of the public, and is in opposition to the best interests of society. That there is at present no protection against the frequent and noxious adulterations of articles used for daily consumption. That ships on long voyages are not required by law to carry with them any medical man, by which the lives of their crews and passengers are unjustifiably risked and frequently sacrificed. That the delay on the part of the so-called Medical Reformers in the House, in laying before it the report upon the evidence taken by the Medical Reform Committee, 1834—on which a medical Reform Bill could have been framed, has been productive not alone of suspense and disappointment, but of serious injury to the profession and the public at large. As the neglect has been the cause of the establishment of another and powerful monopoly—under the form of a medical institution, and has given opportunity to the old medical corporations to strengthen their monopolies, of which they have largely availed themselves, the petitioner prays—that in whatever measure medical reform may be adopted, it may be provided that all medical boards of public institutions hereafter shall be chosen by ballot, at a public meeting of the great body of the faculty duly convened for that purpose. That in all examinations for the purpose of granting medical degrees, anatomy, the various branches of medicine, surgery, and obstetrics, may be duly combined. That these examinations shall be practical, as well as verbal, and that they shall be conducted publicly, as the only means by which partiality can be prevented, and the possibility of unqualified persons passing by proxy guarded against. That all members of boards of examination, as well as candidates for office in public institutions, shall have their abilities tested, as in France, before a competent medical bench—summoned by the Secretary of State for the Home Department, and sworn impartially to do their duty.—(Here the plan of competition amongst candidates for various offices was briefly explained by the Hon. Member.) The candidates for dresserships in hospitals shall undergo examinations, both verbal and practical, on anatomy and surgery. Also the hospital clerks and persons licensed to dispense and vend drugs, shall undergo a suitable examination before an examination board. That ships bound on a long voyage shall be required to take with them a regularly educated medical man." The petitioner concluded by praying "That the report upon the evidence taken on the subject of medical reform in 1834 be printed, and that a measure of reform for the benefit of the public, and the relief of the medical profession from the grievances under which it has been permitted so long and so sorely to labour, may not be any longer delayed."—The petition was ordered to be printed.

Mr. MACAULY presented a petition from the Royal College of Physicians of Edinburgh, praying for further measures for securing medical qualifications.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

ELATERINE—NERVOUS HEADACHE—ACONITE.

FEBRUARY 1.—Dr. CHOWNE in the Chair.—Dr. GOLDING BIRD, in presenting to the society a new substance termed *elaterine*, proceeded to remark on the great discrepancy of opinion which prevailed as to the power of elaterium, and the proper dose in which it should be employed. How was this to be accounted for? It had been put forth that there was an active principle in elaterium; and since a peculiarly coloured extract had been obtained from it, and, according to certain German writers, a crystallizable substance too, such an assumption could, no doubt, be considered to be established. But he (Dr. B.) had made experiments, which set the question completely at rest. He had succeeded in procuring from elaterium, sufficently boiled with alcohol, and afterwards duly manipulated, a considerable portion of the active principle itself, namely, *elaterine*. Different samples of elaterium yielded the principle in different proportions, from 10 to 58 per cent. It had proved a very useful remedy in his hands, administered in the dose of one-sixteenth part of a grain; and that, especially in chlorotic girls, whom it purged violently, but regularly. In cases of renal dropsy, its effects were very marked; gently accelerating the pulse, and at the same time purging, but without producing anything like *depression*, so constant and pernicious an attendant on the use of elaterium.—Mr. SNOW exhibited a portion of the rectum and bladder of a man who had died a week previously, under very singular circumstances. He had, for the last five years of his life, been subject to severe pains in his abdomen and his anus—in the latter more especially; and his fæces, strange to say, were made only through the urethra. When seen by Mr. SNOW, he was pale and emaciated—his bowels constipated, his appetite lost, and he had great difficulty in making water. His internal suffering was poignant in the extreme. Notwithstanding a vigorous treatment, he died very soon after. Upon a post-mortem examination the bladder was found to be exceedingly gangrenous, and the upper part of it adherent to the rectum. The contents of the chest were healthy, and so were the small intestines; but, in addition to the gangrenous state of the bladder, and its adherence to the rectum, the latter was, in its turn, attached to the ileum by a sort of malformation, which was, to him, unaccountable. No conversation having followed, Dr. BURGESS read his paper on nervous headache. The author descanted preliminarily on the extensive ravages of this affection; attacking alike the grave and the gay, the young and infirm, without respect either of sex or person; and yet it had hitherto met with comparatively little attention. The causes of this disease were many and various. The debility consequent on nervous exhaustion—a vitiated state of the blood, or of the digestive functions—irregular living—all tended to excite it. But it might arise, too, independently of disordered function; and thus it might be a disease *per se*. The blood, in cases of cephalalgia, was generally altered, becoming quite serous. As to the treatment, it must be regulated according to the nature of the case. Stimulants should be abstained from, as a rule; and that great conducive to the successful termination of every morbid alteration of structure—*quiet*—should always be insisted on. Dr. B. here took a summary review of the remedies which have, at different times, been recommended; and, arriving at aconite, said this was the principal—nay, the *only* one, which could be at all relied on in nervous headache. His paper, indeed, was written with the view of bringing this important, and, in the disease in question, much neglected remedy before the notice of the profession. It had long since fallen almost into oblivion, until Dr. Lombard, of Geneva, succeeded in restoring it, in a great measure, to the place it deserved. That physician employed it in the form of an alcoholic extract with brilliant success; and, following in his steps, M. Jaubert, of Paris, likewise successfully employed it in neuralgic affections. The author (Dr. B.) had himself been enabled, by its means alone, in the form of pills, to cure many inveterate cases of cephalalgia. It especially relieved the patient of that agonizing pain which, in these cases, rendered life so great a burden. Not that he would set up aconite as alone having the power, in every possible case, to effect a cure—to do so would be to acknowledge a belief in *specifics*, a thing much to be repudiated—but what he meant to say was, that, aided by proper attention to diet, to exercise, and to the procuring of *quiet*, it would be found, in the great majority of cases, to effect a complete cure.—Dr. ADDISON did not entertain so high an opinion of aconite as Dr. Burgess did. There was scarcely any remedy employed in nervous headache which had not, more or less, a beneficial effect. He would be glad to learn whether it had been found available in chlorosis and anemia?—To this inquiry Dr. Burgess replied in the affirmative; at least, so far as his practice was concerned.—Dr. GOLDING BIRD thought that nervous headache was essentially dependent on some functional disturbance, whether of the bowels, the liver, or the uterus in females. As to the idea of aconite being a specific for cephalalgia, he scouted it as ridiculous. It might, with equal propriety, be said that sulphur was a specific for the itch! The truth was, that aconite acted by dispelling the nervous irritation occasioned by the disordered function. We, by gradual doses of medicine—by mercury, opium, and aconite combined, for instance—induced the bowels to assume a healthy action; and thus, the principal source of the disturbance being removed, the nervous headache disappeared. The first point, therefore, clearly was, to act upon the bowels, the stomach, or whichever might be the seat of the disorder, and then aconite, by reason of its sedative power, will act with wonderful facility. On the same principle was the application of electricity conducted in amenorrhœa; and it was the neglect of it which

caused such a diversity of opinions as to the value of this agent. Correct, in the first instance, the general health; allay the pain in the back, if this be present; make good, in one word, the deranged function, so far as possible;—this being done, pass a current of electricity up the uterus, and menstruation, and every healthy action will immediately be restored.—Dr. ADDISON observed, that in nervous headache in females, the uterine disturbance was often considerable. It might be stated, indeed, that in nineteen cases out of twenty the urethra, or some other organ, was at fault. This disease attacked males and females indiscriminately; a few moments' stay in a theatre, or in any crowded room, might excite it. The late Dr. B. G. Babington was peculiarly one of its victims.—Mr. GREGORY SMITH had noticed two varieties of nervous headache. One arose from loss of blood, and was aggravated by the patient's standing upright; this was relieved by the horizontal posture, and of course did not require blood-letting. The other occurred under directly opposite circumstances—from a flow of blood to the head, and evidently indicated the antiphlogistic treatment. A slight discussion ensued, relative to the appearance of the clot of blood in nervous headache with amenorrhœa, but from which no point of importance was elicited. The society then adjourned.

LIVERPOOL MEDICAL ASSOCIATION.

THIRD MEETING—Mr. BANNER in the chair. Mr. WAINWRIGHT read a paper "on abscesses forming within the pelvis after labour." He related eight cases, in all of which extensive collections of matter had formed and been discharged, some at the groin, others by the vagina and bladder; and in one the matter had passed through the walls of the uterus, and from the uterus through the vagina: this was the only fatal case, the remainder having recovered perfectly, after a longer or shorter interval. Several of the patients have had children since, and all such had experienced good recoveries. Mr. W. stated that he thought these cases ought to be regarded as having an intimate connexion with the puerperal state—that he considered the cellular membrane of the pelvis as the seat of the abscesses—that he believed the disease to appear chiefly under two forms, in one of which the inflammatory action commences primarily in the cellular tissue, and in the other, primarily in the uterus and its appendages, and is thence communicated to the cellular structure. The symptoms and treatment were then spoken of, and the paper concluded by calling the attention of the meeting to the fact—that seven, out of eight severe cases of this disease, recovered.

FOURTH MEETING.—Mr. BANNER stated a case occurring in a child ten years old, which had suffered from hæmorrhage from the ear during an attack of hooping-cough: this was succeeded by inflammation and suppuration, which recurred from time to time, and five months after, the child became affected with paralysis of the portio dura of the right side. At this period the suppuration had stopped; it was again restored by poultices, and the paralysis disappeared. The child next became comatose, and died in convulsions. On opening the cranium, the dura mater, covering the petrous portion of the temporal bone, was found discoloured, and there was effusion of lymph between the arachnoid and pia mater in the vicinity. On cutting through the dura mater, an abscess was found involving the whole structure of the internal ear which was destroyed by caries.—Mr. NEALE exhibited a fragment of the breech of a gun, weighing two scruples, which he had extracted from the eye of a boy. It had been forced in by the bursting of the gun, and had cut through the upper eyelid and destroyed the eye; great inflammation and suppuration ensued, and the boy was brought in for advice twenty-four days after the accident.—Mr. LONG then read his paper "on the post mortem appearances found after burns." He stated that he had collected the morbid appearances of 27 cases, and that in these, organic lesions existed, in the head in 18, chest in 17, and the abdomen in 19 cases, and there was but one in which no morbid appearance was found. The proportion of lesions in the different tissues were, in the brain alone, none; of the membranes alone, 6; and 10 of both brain and membranes; pleura, alone, 3; lungs, alone, 5; pleura and lungs, 2; pleura and bronchi, 2; lungs and bronchi, 2; lungs, pleura, and bronchi, 3; peritoneum, alone, 1; mucous membrane, alone, 11; peritoneum and mucous membrane, 7; of these cases, the lesion of the mucous membrane of the stomach alone, 9; intestines, alone, 9; of both, 7. In those cases which terminated fatally within 48 hours of the accident, marks of venous congestion were found in all the cavities, and the shorter the period which intervened between the burn and the death of the patient, the greater was the congestion. In the great majority of the cases which died at various periods, after reaction took place, inflammation was found in the different cavities, with the usual terminations in effusion, ulceration, adhesion, and gangrene. In two cases perforation of the duodenum had been found.—An animated discussion took place as to the practice pointed out by the dissections related in Mr. Long's paper; several members contended that stimulating in the first stage, followed by venesection and other antiphlogistic means, constituted the best treatment. Mr. ARNOTT and Mr. BLOWER mentioned cases in which venesection had been employed at the Northern Hospital with marked good effect.

ADVERTISEMENTS.

This Day, Price 1s. No. II. Vol. II., of the

POLYTECHNIC JOURNAL.

CONTENTS.

1. Wood Engraving; illustrated with numerous specimens, on eight pages of separate superfine paper.
2. Homicidal Monomania, by Dr. Millengen, Author of the 'Curiosities of Medical Experience.'
3. Acting of the Musical Stage, by George Hogarth, Esq.
4. Animal Magnetism Tested by the Argumentum ad Absurdum.
5. Ochus Humphry—the 'Orrayonist' of the old R.A.
6. Architecture — Description of the Tower of London.
7. Recollections of Fuseli.
8. Cause of the Inferiority of the British Mercantile Marine.
9. Admiral Bullen's Plan for the Prevention of Pit Accidents.
10. Deepening the Beds of Navigable Rivers.
11. Miscellanea — Survey of Unknown Lands; Military Observations; Scientific Experiments.
12. Behind the Scenes — Green Room, Reading, Putting a Piece on the Stage, Properties, Scenery, Dresses, Rehearsals, &c.
13. M. Schoenbein's own Account of his New Voltaic Battery of Uncommon Power.
14. Defects of the Whitehall Wood Pavement, by Colonel Jackson.
15. Galvanic Engraving.
16. Foreign Miscellany.

Reviews of Books, Prints, Exhibitions, &c.

Office, No. 13, Wellington-street North, Strand.

To Medical Officers, Shipowners—Governors of Charitable Institutions, &c.

R. S. RAWLINS, Shipping and Surgeons' Druggist, No. 15, Great Russell Street, Covent Garden, has a most extensive assortment of Medicine Chests for all Climates—fitted up to meet the wants and necessities of Medical Officers afloat and ashore, Travellers and others.

Shipowners will find it to their interest to inspect R. S. Rawlins's Stock, and Governors of Dispensaries, Infirmaries, and Hospitals may have the best drugs at the lowest prices.

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

"A little work, excellent as an introduction to the study of Opthalmic Surgery. The appended Vocabulary, denoting the origin of the names for the various diseases of the eye, is of great utility to the student."—*European.*

"Mr. Houston has conferred a great benefit on science by introducing this popular treatise to English readers, and has much enhanced the worth of the work by the very valuable and explanatory additions which he has incorporated with the original text. Not only to the medical world, but to the public generally, we confidently recommend this Manual, for there are few parts of the human frame more subject to the influence of disease than the eye. Here the symptoms of the several disorders are minutely described, the remedies simply laid down, and the most approved preventives suggested. * * A perusal of this work betimes would more avail than all the spectacles and lenses in the world for keeping the sight unimpaired. To simplify it as much as possible, the Editor has added a most copious and well-arranged index, which will facilitate an acquaintance with its contents. We doubt not but that the work is destined to hold a high rank in the standard medical library."—*Leamington Spa Courier.*

J. CHURCHILL, Princes-street, Soho.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

PRIVATE CATECHETICAL INSTRUCTION TILL QUALIFIED FOR PASSING, WITH THE AID OF DISSECTIONS, 5 guineas.

Gentlemen entering to the above, during the time they are receiving the same, are permitted to attend Mr. Dermott's Anatomical and Surgical Lectures, his Demonstrations and Dissections (all of which are recognised by the Royal College of Surgeons and other Medical Boards), and to receive certificates of the same, without extra fees.

House Pupils received, who have extra instruction. Apply to Mr. Dermott, 15, Charlotte Street, Bloomsbury.

Mr. D.'s series of Anatomico-chirurgical Plates to be obtained by application to him.

NEW ZOOLOGICAL WORK.

On the 1st February, Part I., price 2s. 6d., royal 8vo., of a

NATURAL HISTORY of QUADRUPEDS, and other MAMMIFEROUS ANIMALS; comprising a description of the class *Mammalia* (including the principle varieties of the Human Race), with an Introduction comprising an outline of the osteology and organization of its several groups:—carefully adapted for popular information, and rendered interesting by copious details of their physical and intellectual powers, instincts, habits, and geographical distribution.—In Monthly Parts.

By WILLIAM CHARLES LINNÆUS MARTIN, F.L.S.

With about 1,500 Engravings, of which above 500 will consist of representations of animals, beautifully engraved on wood, from drawings by WILLIAM HARVEY; besides numerous anatomical, osteological, and other figures, incorporated with the text.

WHITEHEAD and Co., 76, Fleet Street, London.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90A, Holborn-hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the GENUINE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variations of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 30 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

THE ANTIGROPELOS.—MR. WARNE, Patentee of the "ANTIGROPELOS," begs leave to solicit the attention of Noblemen and Gentlemen to his unrivalled Invention, by the use of which they are enabled to walk or ride, in the direst weather, without soiling either their boots or trowsers. They are put on and taken off without trouble, worn without the slightest inconvenience, and cleaned in a minute with a wet sponge, while the elegance of their appearance renders them an ornamental appendage to the out-door costume. In soliciting an inspection of this highly useful Invention, the Patentee feels confident that he is enabled to offer what has long been a great desideratum in the fashionable world, as the inconvenience and unpleasantness of walking or riding in wet or dirty weather, which, in a climate so variable as England, generally prevails for nine months in the year, is too well known to need comment. The lightness and elegance of this Invention, and the easy accomplishment of the object sought, can only be appreciated by trial or inspection, at the Establishment of the Patentee, T. WARNE, 9, Henrietta Street, Covent Garden.

Many Scientific and Medical Gentlemen have signified their approbation of the Chunk Patent Stove.

EXPERIENCE has proved there is not a situation, in which any Stove could be made to answer, that the CHUNK PATENT STOVE may not be placed in to act satisfactorily, at a less cost and with much less inconvenience than any other, with the certainty that it will merit approbation. An extraordinary large quantity of the Chunk Stoves have been sold, and upwards of one thousand of them delight their possessors, by producing the most salubrious warmth ever yet obtained. It is possible, out of the immense quantity which have been sold, some may be improperly fixed; the Stoves would then, no doubt, be blamed for not acting, although the fault does not rest with them, but in the fixing. In such cases (if there are any) applications should be made to Messrs. RIPPON and BURTON for proper directions, which are very simple, and, when attended to, the Stoves are certain to give the same satisfactory proofs which they have already given in upwards of one thousand instances; that they far excel all others in point of simplicity, safety, cleanliness, comfort and economy. To prevent that delay from being experienced, which with much regret Rippon and Burton acknowledge many have been subjected to, arrangements have been made for manufacturing five hundred Stoves weekly—the orders will, therefore, be executed with much greater dispatch than hitherto. Price for cash with order, at the Manufactory, 12, Wells-street, Oxford-street:—Plain, 60s.; Fluted, 70s.; Ornamented, 85s.; Packing, 5s. 6d. They may also be had of every respectable Ironmonger in the kingdom, at 65s., 75s., and 90s.; but as there are many Ironmongers whose interest it is to recommend other Stoves, which they have in stock, the Public are advised to seek the opinion of those who have the Chunk Stove in use, references to whom, in almost every part of England, will be furnished by RIPPON and BURTON, the sole Proprietors.—Wells-street, Oxford-street.

HODGSON'S POTTED WELCH SALMON.—This most delicate and delightful Preparation, far surpassing any article of the kind ever yet introduced to the public for SANDWICHES, TOAST, &c., is now with confidence recommended to EPICURES, TRAVELLERS, and INVALIDS, as a great acquisition to the Breakfast, Luncheon, or Supper Table. Sold in Pots at 1s. 3d. and 2s. 6d., wholesale and retail, at J. HODGSON'S BRITISH WINE WAREHOUSE, 27, Union-street East, Bishopsgate-street; and retail by all respectable Oilmen, Grocers, Druggists, and Fishmongers, in town or country.

Superior British Wines, 16s. per dozen, warranted four years old.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	19	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES, from 3s. 6d. to 2l. 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2l. 5s. to	3	3	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from 3l. 10s. to	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 21. Vol. 1. LONDON, SATURDAY, FEBRUARY 15, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

G. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

SIR ASTLEY PASTON COOPER.—NO. III.

We have already seen the steps by which the eminent subject of our sketch attained a prominent position in the profession, and the incessant industry with which he laboured to heighten his proficiency in the science he has since adorned. For upwards of twenty years he resided in the City, every week adding to his reputation and practice. He is said, whilst among the merchants and traders, to have realized a larger professional income than was ever before gained by surgeon or physician, it having amounted, in some years, to £21,000. Although perhaps the amount has been rather exaggerated, there can be little doubt that his income was very considerable, and the labour of earning it,—great part being received in one and two guinea consultations,—equally heavy. He often, however, got enormous fees for single cases. 'He received, perhaps, the largest fee ever at that time given for an operation; it was upon an old gentleman of the name of Hyatt, who was a resident in the West Indies, and when arrived at the age of seventy, being afflicted with stone in the bladder, determined upon coming over to England to undergo the operation for its removal. He selected Sir Astley for the occasion. It was performed with his accustomed ability; and upon visiting him one day, when able to quit his bed, he observed to his surgeon, that he had *fee'd* his physicians, but that he had not yet remunerated his surgeon. He desired to know the amount of his debt; and Sir Astley stated, "two hundred guineas." "Pooh, pooh!" exclaimed the old gentleman, "I shan't give you two hundred guineas—there—that is what I shall give you," tossing off his night-cap, and throwing it to Sir Astley. "Thank you, sir," said Sir A., "anythiug from you is acceptable," and he put the cap into his pocket. Upon examination it was found to contain a cheque for one thousand guineas! One other anecdote must be related, as it is singularly illustrative of character. A Mr. Steer consulted Sir A. at his own residence, and having received his advice, departed without giving the usual fee. Sir Astley took no notice of this, but gave his assistance to him cheerfully, under a belief that he was a gentleman who had seen better days, and was now in indifferent circumstances. Shortly after, however, Sir Astley received a note, acquainting him, that on going to the Stock Exchange, he found he had some omnium which he had not disposed of, and that he had taken the liberty of putting £3,000 of it in Sir A.'s name; and finding that it had soon after risen, he took the further liberty of selling it for him, and now sent him the difference, which was £63 10s.' These tales are very numerous, but must, however, be received with some caution.

Upon the great extension of his practice among the aristocratic circles, he removed, in 1815, to the west end of the Town, and six years afterwards was made a baronet. Two years later his admirable lectures were published, in opposition to his wishes, in the *Lancet*; and there can be no doubt that, although printed with many inaccuracies, they added much to his reputation, notwithstanding he anticipated a contrary result, and attempted to prevent their publication. The secret of his sudden relinquishment of the law proceedings against Mr. Wakley has already been unfolded in our early numbers. In 1827 he was made Serjeant-Surgeon; and, in fine, all the honours and emoluments of the profession were his. He became a Member of the Council of the College of Surgeons,—an Examiner,—and twice filled the chair of President. Many learned and scientific societies on the Continent elected him to their various honours; the societies of his own country were anxious to enrol his name upon their lists; and Oxford, where he had attained fame for himself, proffered D.C.L. for his acceptance. But in his case as in that of all real great men, the tinsel of titles, upon which small minds place so much importance, added nothing to his fame. He was above and superior to them, and his works—which we must at another opportunity examine,—will, long after the B.A.R.T. and D.C.L. and F.R.S., and the rest of the hieroglyphical attachés, by which small names are puffed into evanescent importance, are forgotten, receive the homage of all devotees of science as plain Astley Cooper.

At a meeting of the Royal Society, on the 23rd ult., a paper was read by Mr. Alfred Smee, of Bartholomew's Hospital, on the structure of normal and adventitious bone. On examining, by means of a microscope, very thin sections of bone, the author observed a number of irregularly-shaped oblong corpuscules, arranged in circular layers around the canals of Havers, and also rows of similar bodies distributed around both the external and internal margins of the bone. Each corpuscule is connected by numerous filaments, passing in all directions with the Haversian canals, with the margins of the bone, and with the adjacent corpuscules. He finds that the canals of Havers are vascular tubes containing blood. The corpuscules themselves are hollow, and their cavities occasionally communicate with those of the canals: their length is equal to about two or three diameters of the globules of the blood. They exist in cartilaginous as well as osseous structures, and are found in every instance of adventitious bone, such as callus after fracture, morbid osseous growths, either from bone or from other tissues; and the author has also ascertained their presence in the bony and cartilaginous structures of inferior animals, such as birds and fishes. Measurements relating to these structures have been made by Mr. Bowerbank, from which it appears that their diameters vary from about the 10,000th to the 4,000th, and their lengths from the 2,300th to the 1,400th part of an inch.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

SPECIFIC DISEASES.—SCROFULA.

I proceed, gentlemen, in the next place, to speak to you of *specific diseases*.

We use the term *scrofula* in two senses; either to designate that assemblage of characters which marks a particular disease, or in order to denote that peculiarity of constitution which is generally original or connate—that is, existing at the time of birth—from which such peculiar character of the disease is derived. In this sense, scrofula is used as synonimous with scrofulous constitution; and hence we speak of scrofula existing in a family. The word scrofula is said to be derived from *scrofa*, which is the Latin for a sow; though I do not see any reason why the term applied to the disease that is now about to be considered, should be derived from such a source. The term *struma* is equivalent to scrofula, and these two are used indifferently. In this country, popularly, these diseases are often denominated *the king's evil*—or simply *the evil*, from an idea which existed in former times, and which has not been long abolished, that the touch of a royal personage would cure them. We cannot draw a very marked line of distinction between common and scrofulous disease. There is an insensible transition from the one to the other, as in most other cases of disease. The *form* of disease is the same in scrofula as in common disease—the difference is in certain *modifications*. Scrofulous inflammation is less active and less rapid in its progress than common inflammation. The characters of inflammation are less strongly marked here: it wants that firm swelling, that bright red colour, and that acute pain, which belong to common inflammation; neither does it in general excite so powerfully those sympathetic influences in other parts of the system, as we observe to take place in common phlegmonous inflammation. Yet, in subjects that appear to be scrofulous, we often find inflammation existing, with all its characters pretty strongly marked; in fact, we see occasionally in such subjects appearances which, as far as the redness, heat, swelling, and pain of the parts go, we should be inclined to call common inflammation. When suppuration occurs in scrofulous inflammation, the matter does not so readily and quickly make its way to the surface. You do not find a collection of matter opening on its arrival at the surface, as in cases of phlegmonous inflammation; but you find the skin becomes extensively detached, and when the matter reaches the surface, an opening takes place through a small part of the integument. Now the matter which is discharged from such an opening is different to that produced in healthy inflammation;—it is rather a mucous, or serous, than a perulent fluid; at all events, it is a thin kind of pus, and, very commonly, flaky and curdy substances are mixed with this thin matter. Indeed, the collections of fluid that take place in consequence of scrofulous inflammation, generally bear the character of chronic rather than of acute abscesses. There is a slowness of coming to the surface which characterizes abscesses of this kind.—Scrofulous inflammation seldom terminates in mortification; indeed, I fancy it never terminates in mortification simply by the influence of inflammatory action, as in other cases; for scrofulous inflammation, when decidedly marked as such, does not seem to admit of that high degree of local action. Yet, in parts affected with scrofula, we sometimes see that a part of an affected organ becomes deprived of vitality, and is converted into a fibrous, dense kind of substance, which separates much as a slough does from other parts: it is a kind of loss of vitality taking place in scrofula peculiar to that

form and manner of disease. Chronic inflammation is a frequent disease in scrofulous subjects: there is only a little redness in the inflammation, but there is considerable increase of size. The bulk of the part is augmented often with little injury to the functions of the organ; and you have an enlargement of size, going on for a considerable length of time, without producing any change that is seriously inconvenient to the patient.—When scrofula attacks the internal organs of the body, those of glandular structure, and some others, it frequently shows itself in depositing into the texture of the organ adventitious substances in the particular form to which we give the name *tubercle*. Tubercle means merely swelling; tubercle, which is derived from *tuber*, denotes a slight swelling. The tubercles, then, consist of an adventitious substance, which is generally of a firm consistence and white colour, disseminated throughout the parts affected. These small masses are increased; the contiguous ones join; they coalesce, and then assume a greyish colour; they afterwards become loosened and softened in texture. A kind of suppuration takes place; that is, the tubercular matter is loosened in consistency, separates, and comes away. A peculiar kind of suppuration also occurs in the part from which this tubercular matter has been detached, and destruction takes place in the organ in which the process is going on. This is most commonly seen in the lungs; and we often find that the texture of these parts becomes destroyed in consequence of this change. But such tubercular degenerations are seen in other viscera—the liver, the brain, and sometimes the spleen; and, indeed, in all the internal organs.

Scrofulous ulceration is a languid and uncertain process, with a thin, and generally fœtid ichorous discharge. The surface of the sore is pale or livid, and there is no appearance of granulation, or the production of substance that should fill up the ulcerated chasm. The margin of the sore may be smooth, red, and elevated. Sometimes the base or edge of the sore is raised a little vertically from the surface; in fact, there is an increased deposition in the part, yet it may not be of that kind to lead to a restorative process. The ulcers which take place after a scrofulous abscess are indolent, if they be situated in any part of the skin. The parts which are most susceptible of scrofulous disease are, in the first place, the absorbent glands, more particularly those of the neck and mesentery. The absorbent glands of the groin are much more rarely affected; and those of the axilla are seldom seen to be the seat of scrofulous disease. Now one of the principal existing causes of scrofulous disease is exposure to cold; and you will easily see, from that circumstance, a reason why the glands of the neck are so frequently the seat of the scrofulous attack. But this does not explain why the mesenteric glands should be affected, for these are kept warm; the truth is, disorder of the mucous membrane of the alimentary canal is common in scrofulous subjects; and the disease of the mesenteric glands is the consequence of disease in the mucous membrane, from which the absorbents arise. Indeed, it will frequently happen that the affection of the glands is secondary in scrofula as well as in other cases; that although they may appear to us to be disordered primarily, if we come minutely to examine the circumstance, we shall find that the disorder of the absorbent glands is dependent upon some disease existing in the parts from which the absorbent vessels are derived.—Other parts of the glandular structure come to be affected after the absorbent glands. The lips, the eyelids, the mammary glands of the female, the testicle, and the mucous membranes of the body, are very subject to attacks of scrofulous disease. In those of the eye it is particularly seen, because they are exposed to the external air, and are open to those external influences which are most powerful in producing scrofulous disease. The mucous membranes of the respiratory, and of the digestive organs, are frequently the seat of disease in such subjects. The mucous membrane of the urinary passages is not liable to the same external causes, and therefore we do not observe it to suffer in these cases. The skin, in its morbid affection, shows an obvious affinity to the mucous membrane; thus the skin suffers much in scrofula; I need scarcely say that it is much exposed to all the external causes that are capable of exciting scrofula. The ligaments, the bones, and the joints are often the subjects of scrofula. These are the parts of the frame that are more particularly liable to attacks of scrofulous disease.—The liability to scrofula in that portion of the human race who are subject to it does not extend equally throughout the whole of life; it is confined much to the period of growth, or that portion of time that intervenes between the age of suckling and the age of puberty. In many individuals the whole of this time is a succession of attacks of scrofulous disease in the absorbent glands in the eye, ears, skin, and joints, and very often the disease exists in several of these parts at one and the same time. In individuals who have scrofula exhibiting all these characters, and extending over the whole of the body—who are affected to the period of puberty by successive attacks of scrofulous disease, it is not uncommon to find that such affections cease at this time; and when the changes which then take place are accomplished, the sores are all healed, and the individual becomes quite vigorous. At the same time, however, that this beneficial change, as regards the external disease, takes place at the period of puberty, and that the succession of attacks which the individual has experienced in the absorbent glands, eyes, ears, and skin, are put a stop to, it not uncommonly happens that scrofulous disease is developed in more important parts—in the lungs, the mammary glands, or the testicle.

The great predisposing cause of scrofula is the original peculiarity of constitution. We can have no hesitation in stating this fact *generally*; but we shall find it rather more difficult to point out precisely in what that peculiarity of constitution consists. I have already had occasion to observe to you, that each individual has something peculiar to himself in bodily constitution—that there are several varieties of natural organization in the human species. Now some of these varieties belong to a considerable number of individuals, and in such parties we find, as we might naturally expect, that there is a great degree of susceptibility to particular forms of disease. The external marks of scrofula are generally considered to be a thin state of the external integuments, so that the cutaneous vessels are distinctly seen ramifying through them. In some individuals the skin is so thin, that the course and ramifications of the several vessels, and the colour of the blood they contain, are almost as distinguishable as if the parts were dissected. A thickness of the upper lip, a tumid state of the septum of the nose, a looseness and flexibility of muscular fibre—these are circumstances that are observed in scrofulous individuals; but we cannot say that they distinguish in a clear manner the differences in the elementary composition of the frame from which those various forms of disease that constitute the several manifestations of scrofula can be derived. We observe two kinds of bodily constitution in scrofulous subjects that in some respects are considerably different from each other. One set of scrofulous subjects present a pale and bloated countenance, generally rather a tumid abdomen, a flaccid loose state of the flesh in the muscular parts of the body; there is languidness in the circulation, so that the extremities of the body are cold; indeed there is a kind of torpor in all the organs and functions of the frame, whether bodily or mental. In the other set of scrofulous subjects there is an excess or unnatural colour in the face, and in the neck particularly; there is rather an excited and rapid circulation—a circulation that is easily accelerated by any external influence; there is a rapidity in the performance of the various functions, both bodily and mental: such children often appear to have a development of the intellectual capacity greater than might be expected at their time of life, and all external influences act more powerfully on individuals of this description. Now both these kinds of individuals are called scrofulous; and, in fact, diseases when they take place in them, exhibit to a greater or less degree those particular characters to which the name scrofulous is applicable. As the individuals most susceptible of scrofula in point of natural constitution are very different, there must be a difference in the disease that takes place in them, and the treatment that should be applied for its removal. Of all the direct or exciting causes of scrofula, *cold* is the most powerful, and more particularly cold when combined with *moisture*. Hence considerable vicissitudes of temperature are favourable to the occurrence of scrofulous disease, which consequently is most common in the colder regions of the globe—in countries where the atmosphere is moist and damp, and considerable vicissitudes of temperature are taking place. Great Britain, the northern parts of Germany, and France, are countries in which scrofulous diseases are very common indeed; but certainly scrofula is not confined simply to the situations that I have just mentioned. Professor Beer, of Vienna, states that in cases of ophthalmia occurring in children there, nine out of ten are strumous. Another writer mentions, that in his apprehension the proportion of cases of strumous ophthalmia is very great. Dr. Gregory, of Edinburgh, used to say, that he believed there was not a single family in which scrofula did not exist. Dr. J. Thompson, of Edinburgh, in speaking of inflammation, says—"It is rare to meet with an individual who has not, at some period of life, experienced disease in some shape or other belonging to one of the several forms of scrofula." If these statements be correct, scrofula must be the most common of all the diseases that we have to treat. In warm countries, scrofulous disease is less frequent than in the climates that I have just mentioned, though such countries are by no means exempt from it; for cold is only one of the causes of scrofula, and there are several others. The inhabitants of warmer regions may be exposed to several of the other exciting causes of scrofula, so that, I believe, even in warm countries, those in which the atmosphere is more congenial to the human frame than in our own island, where the climate is not such as is supposed to be peculiarly favourable to scrofulous diseases, yet scrofula is tolerably abundant even there. It happens from the causes I have mentioned, that the natives of warm climates suffer much from a disease which in all respects is like scrofula, when they come to colder regions—negroes, for example, many of whom, when they come to this country, fall victims to a disease that we cannot distinguish from scrofula. And, I may add, that the same disease is noticed in those who by some have been considered half brothers to the negroes—namely, monkeys. These are all natives of warmer parts of the earth, and when they come to pass a year or two in such an atmosphere as Great Britain, they suffer severely from this disease; and if we examine their bodies after death, we shall find changes that we consider very much like scrofula in the human subject taking place throughout the viscera of the body, and I have very often seen a disease in the bones of monkeys like scrofula in the human subject. For the same reason we find that scrofulous patients suffer more at one season of the year than at another. Their complaints are aggravated in winter and in spring, while they are better in summer and in autumn. The next in order among the exciting causes of scrofula is, *insufficient and unwholesome food, and excess or irregularity in point of diet*. These causes tend to disorder the mucous membrane of the alimentary canal, which is so liable to be affected in scrofulous subjects. Thus the nutrition of the body becomes vitiated at its source, and we cannot be surprised if we consider their naturally defective constitution, and that the sources from which the nutriment of the body is derived are thus primarily affected with disease—we cannot wonder, I say, at the forms in which the disease shows itself in the bodies of such individuals. The effect of this cause is no doubt aggravated by *sedentary habits and neglect of dress*. It often happens that parents are over anxious that their offspring should commence their studies; that they should begin to employ their time in attention to the various pursuits of learning. Thus children are led to devote a portion of time to those sedentary pursuits which their natural buoyancy of spirit would otherwise lead them to occupy in active exercises, and I think it would tend much more to the advantage of the mind, as well as of the body, if they were employed in that

way. Then if you come to consider, and particularly notice these three causes—the effect of cold, of bad habits in point of diet, the neglect of exercise and the existence of sedentary pursuits—they produce a state of frame in which there is derangement of the alimentary canal, in which there is a want of circulation, especially as regards the skin, and in which the muscular powers of the frame are not fully developed: these are leading circumstances in the bodily state of those who are the subjects of scrofulous disease. Disorder of the digestive organs, a pallid state of the skin, a loose and flaccid condition of the muscles of the body when they separately exist or act in conjunction in a considerable degree, are capable of producing a state of frame which we cannot distinguish from that which belongs originally, and from the time of birth, to other individuals. Thus in those subjects in whom there is no natural peculiarity of constitution of a scrofulous kind observed, a sort of acquired scrofula may be superinduced in this way. The crowded dwellings which are inhabited by the poor, the confined situations they live in, their deficient and unwholesome nourishment, the insufficient clothing they have, their want of fire and warmth during the winter, really bring on in their children a state of the digestive, the cutaneous, and the muscular systems, which cannot be distinguished from that which belongs to patients who are born scrofulous.

The notion of *debility* has been very generally entertained by professional men as the cause of scrofula, and the source of the various sufferings to which scrofulous individuals are subject. Hence it has been too often the case that when a scrofulous disease, or one supposed to be scrofulous, is met with, the patient is directed to take *tonic* medicines, and to eat animal food and drink fermented liquors; and in many persons the idea seems to prevail that the more, both of tonic medicines and of these stimulating articles of food, that can be taken into the stomach, the better for the individual. I cannot, for my own part, imagine an opinion more entirely erroneous than this; and I conceive we should be much nearer the truth if we said that scrofulous subjects should not take tonic medicines at all, nor the kind of diet alluded to. I say, in a comparison of these two statements, the latter would be nearer to the truth, and more safe practice than the rule of stuffing the scrofulous patients with tonic and stimulating medicines, and allowing them to take into their stomachs as much animal food and fermented liquors as they can possibly swallow. The state of a scrofulous subject is certainly, in one point of view, that of debility. Scrofulous subjects are not capable of doing or bearing much: but although individuals are not capable of doing or bearing much, and so far they may be said to be weak, you are to consider that the organs of scrofulous subjects are more easily excited; they will bear external agents less than other persons. How can you expect that the stronger kind of medicines, bark, &c., can be borne by the alimentary canals of such subjects? How can you expect that individuals of this excitability of system can bear large quantities of stimulating kinds of food? The notion, in my opinion, is altogether unreasonable. Unquestionably the regulation of the diet, and the selection of the articles that are to constitute the food, are circumstances of great consequence in the treatment of scrofulous individuals. The diet should be of a nutritious but not of a stimulating or exciting kind. A mixed diet of animal and vegetable food has been found, by the experience of all ages, and all countries, to be the best suited to the human organization. I see no reason whatever, therefore, for prohibiting scrofulous subjects from taking vegetable aliment; a moderate portion of the lighter kinds of animal food, taken once a day, and the mixture of it with well-dressed vegetables, bread and milk, farinaceous articles, and ripe fruits—these are the kinds of articles that should form the diet of scrofulous individuals. Certainly, in many instances, particularly those of the excitable kind of scrofulous subjects, animal food can hardly be borne every day. There are many such individuals to whom we should only allow meat every second day, and their diet on other days should consist of bread and milk, and other farinaceous articles, and well-dressed vegetables and fruits. The quantity of food, of course, must be carefully attended to. Children are not able to determine this point for themselves; indeed, grown-up persons do not judge with the greatest possible propriety on that point. The time of taking food must also be attended to. In younger children, perhaps, food might be allowed four times a day, but in those a little older, it is sufficient to allow food three times a day, nothing being taken in the intervals between the meals.

In respect to MEDICAL TREATMENT, we shall find in general that there is a disturbed state of the alimentary canal, and frequently some part of the canal is loaded with unhealthy secretions. Therefore the first object is to clear the intestines of such accumulation; to free the bowels, and to employ such means as will generally improve and assist them in the regular performance of their functions. Now, because a person is said to be scrofulous, and scrofulous subjects are supposed to be weak, you are not to imagine that in the state of disorder of the alimentary canal, which you frequently find in such persons, very mild aperient medicines will be sufficient. It is often necessary to employ strong cathartic medicines, and these in considerable doses in young subjects—not invariably, but frequently; and particularly so if there be a foul tongue, and an offensive state of the breath, indicating an unhealthy condition of the alimentary canal, more especially it there should be combined with these circumstances a tumid and enlarged state of the abdomen. You must administer calomel in combination with rhubarb or jalap, or calomel with antimony, followed by the ordinary draught of senna and salts, or castor oil; and you must repeat these medicines till you get rid of the accumulation. You must first then clear away the contents of the bowels; and after you have done this, milder means will suffice to ensure their regular action. A grain of calomel, or a few grains of hydr. cum creta, given twice a week, exhibiting at other times mild aperients suited to the case. The compound decoction of aloes is a good medicine in such cases, given in the middle of the day, or a little before dinner. The object, after you have once cleared the alimentary canal, is simply to ensure the regular action of the bowels; not to purge them—you do not require that—but, in conjunction with the attention you pay to diet, the residue of the alimentary matters taken into the stomach should be regularly expelled from the bowels; and that does not require very active means. Then, in certain circumstances, it may be expedient to give medicines of a tonic or strengthening kind; and if the tongue be clean, you may safely administer these. If you have cleared the alimentary canal, and got a clean state of the tongue, and the patient remains pallid and feeble; if the skin is cold, and there is a defective circulation in reference to the surface, you may administer tonic medicines—perhaps steel and mineral acids. The best of these tonics is infusion of cascarilla with dilute nitric acid;—or sulphuric acid may be given, in the infusion of roses. Ammoniated tincture of iron, bark, columba, and gentian, are tonics that are frequently given under such circumstances. Great confidence has been heretofore reposed in bark, in the treatment of scrofulous subjects; but I believe it possesses nothing particular in its powers; it is capable of doing nothing that may not be effected by other medicines. With these tonics, mild aperients may be associated. Rhubarb may be advantageously joined with carbonate of iron. If there be acidity, it may be advantageous to give alkalies, in conjunction with bitter tonics. It would seem that the principles of modern practice, even in ordinary cases, are not clearly established. Alkalies have enjoyed great reputation in the treatment of scrofula; the hydriodate of potass, and the hydrochlorate of lime, have been used; subsequently, carbonate of ammonia;—all these have been regarded as specifics, and a combination of them with tonics has been employed. Other persons have wisely considered that a medium between the two extremes of the exhibition of acids and alkalies in scrofula, is the most desirable mode of proceeding. Having mentioned these opposite opinions generally, I may refer to my own experience; and probably the truth is, that neither the acids nor the alkalies are of great importance in such cases; the successful treatment may not depend upon the administration of either of these remedies. An opinion has often prevailed, that mercury ought not to be given to patients affected with scrofula; that great danger is connected with it, of aggravating the affection and rendering it more obstinate. Certainly I think we cannot dispense with mercury, considered as a purgative, or as a means of restoring the secretions. We often find the most essential service in giving it in an active way, to clear the alimentary canal in the first instance; and, although in milder doses than I have mentioned, it is proper to continue it afterwards. But we may go farther, and state, that in some forms of scrofulous disease, where the affection is active, and is proceeding to changes of structure in the parts and to effects that would lead to serious evil—as in affections of the cornea of the eye, where a deposition is taking place there under scrofulous inflammation—it is often of advantage to carry the mercury so far as to affect the system of the individual, so that we can control the progress of the disease, bring it to an end, and prevent the destruction of the parts; and we do this, as far as I know, without danger to the individual in any other respect; so that I am inclined to think that the notion which has hitherto prevailed, and has been extensively spread, of the peculiarly unfavourable action of mercury on scrofulous individuals, is by no means well founded. When mercury is given in the way I have mentioned, we may employ calomel, in conjunction with James's powders—or hydrar. cum creta. Sometimes the sublimate has been recommended in such cases, given in solution in the proportion of a grain to two ounces of tincture of bark or rhubarb, of which about a teaspoonful may be taken for a dose.

The state of the skin is a point of particular consequence in the management of scrofulous subjects. We very commonly find the skin dry, harsh, and pallid; a state of the surface in which there is defect in the capillary circulation; where the quantity of blood that should be sent to the surface of the body does not reach it, and where, consequently, the secretions of the skin are deficient. When we consider the great extent of the skin, the importance of its secretions, the quantity of matter that is naturally separated from the body by the cutaneous transpiration, we cannot be surprised that the condition of this part should have a great influence on the health; and in scrofulous subjects we find the skin in a state far from healthy. Under such circumstances, warm bathing is very advantageous; where this cannot be accomplished, washing the skin once a day with warm water, and rubbing it well, may be resorted to. The individual in whom such a state of skin exists, should be warmly clothed; more especially in the colder part of the year. It is a very mistaken notion to suppose that the kind of weakness which exists in scrofulous subjects can be remedied by *hardening* them, as it is termed—that is, by allowing them to be exposed to cold and vicissitudes of temperature. The animal powers are comparatively defective—and therefore you suspect, very naturally, that they are not capable of that exertion which is necessary to meet these exigencies and these vicissitudes; neither should they be exposed to them. It is always desirable that scrofulous subjects should have exercise; and therefore I by no means wish that they should be kept at home, or prevented from going out because it is cold; but that they should be allowed to go out and to take exercise, having care that they are so clothed as not to suffer from the cold. It is found, by experiments on animals, that the power of generating heat is less in young subjects than in adults—and it is less in proportion to the early age of the individual. In respect to the great advantages under which the individual is placed, so far as it regards temperature, and also so far as regards a proper supply of healthy nutriment, properly adapted to the purposes of the economy—in these two respects we see, I think, the reason why children, during the period of suckling, do not suffer from scrofula at that time; at all events, children so circumstanced are generally warmly clothed;—the infant is, in a great measure, about the person of the nurse, and has the benefit of the temperature produced by her; so that they do not suffer from cold, and there is a supply of

healthy nourishment produced by the hand of nature for them. Thus the two great causes of exciting scrofula under other circumstances—exposure to cold and insufficiency, or an unwholesome kind of nutriment—are prevented, in the case of an infant during suckling. I have mentioned that exercise should be regularly taken; and, in fact, if you leave children to themselves, they will naturally engage in a variety of active pursuits, by which their muscular system is sufficiently exercised;—and, I think, if anything like a tendency to a disease of this kind is manifested, parents ought to consider the advantages of education as a secondary thing to that of establishing the health of their children: for nothing like attention to booklearning, or studies, ought to interfere with those rules that are considered necessary to restore and secure health under such circumstances.

These are the general points of management that are applicable to the treatment of strumous individuals. You observe all these are what may be called general rules, whether in management or medicine; in fact, as the great cause of scrofulous disease is found in a certain state of constitution, the means that are designed to obviate the disease must be applied to the cause, and must be of a *general* nature. However, we frequently have occasion to apply *local* measures in conjunction with them, though perhaps these may be considered as secondary in point of importance. In the case of simple chronic swelling, without any very active inflammation, it may be sufficient to trust to the general means of management that I have mentioned; and the parts may be kept warmly covered with soap plaister. When more active inflammation exists, if there is a great degree of redness, and heat, and pain, you must apply mild antiphlogistic means, according to the degree of inflammatory symptoms. You would apply a few leeches to the part; you might apply an evaporating wash, or a poultice of bread and water, or linseed afterwards. When suppuration takes place it is necessary to open the collection very quickly. You do not make an absolute rule of this; but under many circumstances there is a want of disposition to come to the surface; the collection will extend in circumference, and the difficulties which frequently result from scrofulous abscess will be increased. If you leave it to itself the skin often becomes excessively thin; and when the swelling forms matter, considerable part of the skin must ulcerate, for it is so far deprived of life that it cannot remain attached to the parts belonging to it. You obviate this by opening the collection pretty early. The languid and unhealthy kind of ulceration which frequently follows after the abscess is broke, or which takes place spontaneously in the skin, very often requires the use of local stimuli or astringents, but it is not by any means universal. Under many circumstances scrofulous ulcers do well by simple local means, such as linseed, or bread poultice, or a simple dressing of soft ointment, or other simple dressings. But when the surface of the skin is pale or livid; when these signs of deficiency in the restorative process are observed, you may dress the surface of the sore with nitrate of silver, or sulphate of zinc, or red precipitate ointment; that is, you must apply local stimulants suited to the exigencies of the case. In chronic scrofulous inflammation you often find it necessary to have recourse, in the first place, to mild antiphlogistic treatment; and afterwards counter-irritation; to blister, to stimulate, or use the measures proposed by rubbing tartar-emetic ointment on the skin.

The mention of this mode leads me to observe, that you see in many instances of scrofula the means which nature employs in the cure of such diseases. You often find that the scrofulous disease in one part ceases, and there is an appearance of the disease in another neighbouring part. For example, a patient has strumous ophthalmia, and may be suffering much from it. An eruption, with discharge, will take place from the skin behind the ears, and then the eye will get well, and so the disease shifts from one part to another. Now following this hint, you will find that the use of tartar-emetic ointment rubbed on the skin may be advantageously employed; it produces a disease which will supersede that which has already existed, and it is a powerful means of relieving strumous opthalmia when it is applied behind the ears, or at the back of the neck. And I have heard of individuals who have employed it still more extensively. For example: for affections of the glands of the neck, they produce an eruption by rubbing tartar-emetic on the arms; and in case of its appearing lower on the body, they use it so as to produce a copious eruption on the thighs. This is an imitation of the process which nature herself employs in the cure of these affections.

SPIRIT OF THE MEDICAL PRESS.

DR. CORRIGAN ON THE TREATMENT OF ACUTE RHEUMATISM BY OPIUM.

Dr. Corrigan has written a very long, and a very interesting series of Clinical observations on this subject. We shall mark out the main passages, and present them to our readers.—Dr. Corrigan remarks, that it is a desideratum to find a plan of treatment, which will shorten the duration of the disease—prevent the occurrence of the serious complications of pericarditis, endocarditis, &c. and not reduce the strength of the patient. He believes, that the treatment by opium will be found to possess the advantages sought for. It shortens the duration of the disease; it enables the patient to pass through so painful a disease with comparatively little suffering; it husbands his strength, so that when convalescent he rises from bed with comparatively little depression of vascular energy and muscular strength; and lastly, it diminishes very remarkably the tendency to the occurrence of such complications. After relating eight cases, Dr. Corrigan observes:—The most important rule to be remembered in employing opium for the cure of acute rheumatism is, *that full and sufficient doses* shall be exhibited. I have heard of opiate treatment having disappointed some who have tried it. On inquiry, I have learned that in those cases it has been given only to the extent of a grain every fourth or every sixth hour. This is not "the treatment of rheumatism by opium;" it is making the patient worse than before; it is inflicting on the patient the mischief arising from the stimulant effects of the drug, and withholding from him all the benefits of its sedative influence. The opium should always be increased in dose, both in frequency and quantity, until the patient feels decided relief; and should be then kept up at that dose until the disease is steadily declining. The first indication that tells the practitioner he has reached the proper dose, is the statement of the patient, who in reply to an inquiry as to how he has passed the night, probably says that he has not slept, but that he is free from pain and feels comfortable. This effect having been attained, the opium may then be continued in repetitions of the same dose as to frequency and quantity. Clarke's Case, No. VIII., shows the rapidly good effects of the large doses. A relapse set in: he got two grains of opium every third hour, uninterruptedly for twenty-four hours. He took sixteen grains of opium within twenty-four hours, and the relapse was suddenly cut short. In Rooney's Case, No. III., in the first day eight grains of opium were administered. The dose was then increased to twelve grains within the twenty-four hours for the second, third, and fourth days; and on the fifth day he was taking bark. In Dr. Aldridge's Case, the quantity taken in a fortnight amounted to about 200 grains. I think about ten or twelve grains in every twenty-four hours will be found the average quantity required. The tolerance of the remedy is a remarkable feature in the treatment, and may, I think, be fairly adduced as an argument in favour of its propriety. The head is not affected by the large quantity of opium administered. This is remarkably shown in Dr. Aldridge's Case, (Case VI.) where the head was not injured by the opium, even though there had been previously a tendency to derangement of cerebral functions in all previous febrile affections. There is another singular circumstance connected with the exhibition of the opium. It is the occurrence of diarrhœa while the patient is using the opium even in full doses; in some instances, the diarrhœa becoming so troublesome as to require starch enemata, or chalk mixture, with kino. It is seldom necessary to purge the patient while administering the opium; indeed the pains are sometimes brought back by the administration of a purgative, either from the patient catching cold in rising from bed, or from the irritability produced by the action of the purgative. The patient's bowels, if they have not been constipated in the commencement of the attack, may be not only safely, but with benefit, not disturbed more than once in two days.—In most cases, Dr. Corrigan applied embrocations to the affected joints—warm spirits of turpentine, or camphorated spirit or simple decoction of poppy-heads, or, when only slight stiffness with little or no swelling remains, a liniment of equal parts of ol. terebinth and ol. camphorat., with one drachm of sulphur to each ounce of the liniment.—There arises in the progress of a case of acute rheumatism a stage that is sometimes perplexing. The fever is very much abated, the skin is covered with almost constant perspiration, even sometimes to the degree of producing a miliary eruption, and so profuse in quantity, that the patient, when the clothes are raised, steams like one in a vapour bath, and the skin becomes clammy, pale, and soddened; the pains become erratic, and the pulse becomes quicker and smaller: in such a stage, and with these symptoms, the conjunction of sulphate of quinine with opium is the combination that, I think, will be found most beneficial. K.'s Case, (No. V.) is an example of such as I have described, and shows the good result of the exhibition of the combination of quinine and opium in that particular stage. Another remedy of considerable efficiency, when the acute stage is passing away, is the mist. guaiaci. The preparations of guaiacum have been an old and favourite popular remedy in rheumatism, and have fallen, perhaps undeservedly, into comparative disrepute. As it is not my wish to travel beyond the acute form of the disease, I shall make no observation on the use of the hydriodate of potass, or of any of the remedies adapted to rheumatism when passing into a chronic state. There is one form of acute rheumatism in which the opiate treatment will cause disappointment, should the practitioner trust to it alone. It is that form which we sometimes meet with, in persons whose habits of living, and perhaps hereditary tendency, give a predisposition to gout, and in whom, when rheumatism does appear, it is not genuine rheumatism, but a combination of gout with rheumatism. We have long been in the habit of using opium freely in acute rheumatism, but never, we confess, so freely as Dr. Corrigan. His plan is worthy a careful trial, and, if it bears out its author's anticipations, it will be highly valuable.—*Condensed from Dub. Jour. in Med. Chi. Rev.*

For five or six weeks past (dating from accounts just received) the inhabitants of Jamaica have been attacked by the most malignant form of the yellow fever, in consequence of which the number of deaths has exceeded that of a corresponding period of many previous years, averaging ten daily.

FURTHER CASES OF MONOMANIA.

[From the Polytechnic Journal.]

The case of Cornier seemed to act like a contagion. Amongst others who sought to follow her example was a country gentleman, enjoying perfect health, but who, after reading in the paper the indictment of Cornier, awoke in the course of the night with the thought of killing his wife, who was lying beside him. He left his wife's bed for a time, but within three weeks the same idea seized upon his mind three times, and always in the night. This man did not evince the slightest mental disorder; his business was prosperous, he had never experienced any domestic cares, and he had no cause of complaint or jealousy in regard to his wife, whom he fondly loved, and with whom he lived on the most affectionate terms. This unfortunate man was at last obliged to quit his wife, in the fear that he might yield to the atrocious impulse. About the same period several women parted with their infants not to follow the irresistible desire they experienced to destroy them. Amongst others was a woman of Amiens of the name of Molliers, who, having heard of the case of Henriette Cornier, five days after her confinement, was so deeply impressed with the story that her thoughts dwelt upon it, and from that moment she feared lest she also might be tempted in a similar manner. One day, while dressing her infant, the thought of murdering it seized upon her mind, and became an ardent desire. She turned round, and perceiving a kitchen knife on a table near her, her arm was involuntarily stretched towards it. She felt that she could no longer control herself, and cried out for assistance. Shortly after she was separated from her infant, and carried to a hospital, where she finally recovered.

William Brewer was executed at Maidstone, in 1812, for strangling a child he accidentally met one morning while walking in the country. On his trial it appeared that he had never seen the child before, and therefore could not entertain any malice against it. He had taken up the body and laid it upon some steps, and then went and related what he had done, requesting to be taken into custody. He bore an exemplary character.

Dr. Otto published the case of a man named Peter Nielsen, a joiner, aged 47, who drowned four of his seven children. He appears to have experienced some misfortunes, but was not in a positive want of the necessaries of life at the moment he committed this horrid deed. Many persons who conversed with him on the same day, both before and after the transaction, testified that he was not intoxicated, nor the least agitated in mind. He was, on the contrary, placid and tranquil. No domestic altercation of any moment had occurred, but he was disconcerted at not readily getting a new lodging on being turned out of that which he previously occupied. His love of his children was testified by all who knew him. He confessed that the idea of killing his children came into his head on the morning of the day that he put the idea into execution, and that the impulse was quite irresistible. He determined to drown the three younger boys, and spare the daughter, who was older. But she insisted on accompanying her father and brothers in the walk he proposed, and though he endeavoured to persuade her to return, she would not. He averred that his motive for destroying the boys was the fear of not being able to maintain them; whereas he would have spared the girl, not that he loved her more, but because she was better able to support herself. Having arrived at a turf-pit, he first embraced his children, and then pushed them all into the water. He stood by unmoved, and saw them struggle and sink. He then returned quietly to town, and related what he had done. He was led to the turf-pit, and beheld the dead bodies of his children without evincing any emotion. For a moment he wept when he saw their bodies opened (for the purpose of medico-legal proof of the kind of death), but soon regained his tranquillity. He affirmed that he did not destroy them in order to procure happiness for them in heaven, nor from any desire to be put to death himself as he wished to live.

Dr. Zimmerman, of Krumback, relates the case of a peasant born at Krumback, in Swabia, who never enjoyed very good health. He was twenty-seven years old, unmarried, and had been subject from his ninth year to frequent epileptic fits. His disease changed in character, without any apparent cause, and ever since, instead of a fit of epilepsy, he had been attacked with an irresistible inclination to commit murder. He felt the approach of the fit many hours, and sometimes a whole day, before its invasion, and, from the commencement of this presentiment, he begged to be secured and chained, that he might not commit some dreadful crime. 'When the fit comes on,' he says, 'I feel under the necessity to kill, even were it a child.' His parent, whom he tenderly loved, would be the first victim of this murderous propensity. 'My mother,' he cried out, with a frightful voice, 'save yourself, or I *must* kill you.' Before the fit he complains of being exceedingly sleepy: without being able to sleep, he feels depressed, and experiences slight twitchings in the limbs. During the fit, he preserves his consciousness, and knows perfectly well that in committing a murder he would be guilty of an atrocious crime. When he is disabled from doing injury, he makes the most frightful contortions and grimaces, singing or talking in rhyme. The fits last from one to two days. When they are over, he cries out, 'Now unbind me. Alas! I have suffered cruelly, but I rejoice that I have killed nobody.'

OPERATIVE MIDWIFERY—DIVIDING THE OS UTERI.

Sir,—If you consider the following worthy a place in your Journal, you will oblige me by giving it insertion.

I am, Sir, your's very respectfully,

Robert Jones.

Stoefford, Salop, Feb. 1, 1840.

Jan. 6, 1840.—I visited Martha Smith of Leemoor,—she is small of stature, pale, and hysterical, aged 33.—She considers herself seven months gone in utero-gestation,—for the last nine days the liquor amnii has been gradually escaping. Four days ago hæmorrhage appeared, and a draining has continued up to this morning, when, at an early hour, contractile pains originated; since which the hæmorrhage has been greatly increased. She is now in a state of complete collapse, cold and nearly pulseless, and the bedding saturated with blood. Some draining continues, excepting during pains which recur every five minutes or so. The pelvis is very narrow,—the vagina filled with coagula,—the os uteri is thick and barely capable of admitting the index finger, with which one heel of the child can be felt resting upon it. Brandy was liberally administered to rally the powers of life, which, however, had little other effect than increasing the hæmorrhage. Warm applications to the region of the heart and lower extremities and ergot was now added to the brandy, and attempts made to dilate the os uteri, as speedy delivery appeared the only chance of saving the patient's life. The pains became very active, as did also the hæmorrhage, and all efforts to insert another finger, or to bring down the foot with one, failed. The woman's life appeared to hang upon a thread. Under these circumstances, I considered myself justified in dividing the os uteri with a probe-pointed bistory in one place, *laterally*. During the next pain I was enabled to hook down the presenting extremity, and speedily effected delivery. The child appeared of about five month's growth; the woman remained collapsed for several hours, but ultimately recovered without a bad symptom.

Remarks.—About seven years ago a nearly similar case occurred in my practice, but in which the os uteri had degenerated into a cartilaginous state. Divisions were made in *three places*; the arms presented, and delivery was easily effected. This woman recovered perfectly, but has not been pregnant since.

I am induced to make these cases known, not from any novelty or difficulty in the operation, but simply as additional evidence, that where circumstances justify, it may be had recourse to without danger, either immediate or remote.

IRISH MEDICAL NEWS.

South Dublin Union.—The election of medical officers for the workhouse took place on Thursday last, when Cathcart Lees, M.B. was appointed Physician, and Peter Shannon, Esq., Surgeon. Both these gentlemen are Licentiates of the Royal College of Surgeons in Ireland.

Cork Union.—The election of a medical attendant for the workhouse is to take place on the 10th instant. Salary, £70 per annum. On the 17th, a "resident dispenser of medicine" is to be appointed, who will have rations, (as a pauper of course,) and £30 per annum. It is not stated whether he is to be supplied with the regular clothing of the house; but we presume not, from the splendid money grant voted. Is it possible that an occupant will be found for this office?—*Dub. Med. Press.*

Turkish Hospitals.—An Italian physician, Dr. Ansaldi, has been authorized to reform all the hospitals in Constantinople; and a letter from another Italian physician, Dr. Castellana, now in the Turkish capital, gives a very gratifying account of his success there, particularly describing the present state of the Military Hospital at Scutari. We subjoin a few extracts:—"Six hundred beds are provided for six hundred patients. Dr. Ansaldi has wisely caused windows to be opened near the floor, that all mephitic effluvia may quickly escape. All the wards are provided with English stoves, and carpets for the winter. The service of the hospital is performed by Turks and Armenians; they are in great numbers, well taught, and discharge their duties diligently and intelligently. The stores of pharmacy are extraordinarily rich. Men in easy circumstances, Franks and Europeans, have desired admittance to this hospital, and been well treated there. Those who have died, have been allowed the attendance of Christian priests. We were shown a statement of annual admissions and discharges, and could hardly trust our eyes when we saw, that out of 3,700 admissions during the last year, there were only 127 deaths. To guard against the ever-recurring malignant fevers and plague, two quarantines are annexed to the hospital, in each of which new patients pass twenty-four hours, and then a day in the hall of observation before they are admitted into the common ward—and this in predestinarian Turkey!

TO CORRESPONDENTS.

SELECT KARRESPONDENCE *is rather too obscure for publication, but we shall be glad to hear again from the author of the quotation from Homer.*

SIR—*The latter of Gregory Gammern is incorrect in one of its statements as to Mr. Thomson—he states, "not to mention the erudite disquisitions thereon, especially as to the connexion of direct inguinal hernia with the inguinal canal"—whereas Mr. Thomson's remark was, that the stricture in a case of* femoral hernia *on which he had been operating, was at the* external abdodinal ring ! ! !

CRITO *informs us that the Westminster students have had a meeting, with a view to the adoption of resolutions in reference to Sir Anthony Carlisle and Mr. Archer, and deprecating the late shameful proceedings.*

C.R.—*It is just like the* worthy *coroner, who after getting his post through the influence of medical men, permits a verdict to be returned on the woman found drowned, under the most suspicious circumstances at Ealing, without calling for medical evidence ! ! !*

Several communications were received too late for attention in the present number. Ten letters have been refused, being unpaid. The penny-post should induce everybody, whatever they may write about, to send their letters free.

THE MIDWIFERY BOOKS *with which the press is teeming, shall be attended to. The publishers seem to be midwifery mad.*

EBORENSIS.—*The numbers at the late election to the chair of midwifery at Edinburgh were, for Dr. Simpson,* 17 *; for Dr. E. Kennedy of Dublin,* 16 *;—a very close run.*

VERAX *draws attention to a report in the Lancet of Saturday, Feb.* 8*th, relative to the Westminster Hospital, "in which there are sundry complaints and lamentations of the ill-usage which a "Governor!" received from the students. In this pompous report, the word "Governor" is used in almost every paragraph, as if the said "Governor" were a being totally unconnected with that journal. The report says "one of the* Governors *was assaulted," "the assaulted* Governor *kindly attended to vote for mercy, &c.;" but here is the climax:—"The assaulted* Governor *kept the youths at bay ! ! !" Now, when we learn that this great gun, or governor, or whatever he will, is no more nor less than little Clarke, the —— and reporter, and that it was he himself who drew up this report—what must we think of the creature's audacity? Our correspondent then gives vent to sundry threats about ears, tenpenny nails, and door-posts! Any person wishing to become a Governor of Westminster Hospital, has only to pay three guineas per annum to attain that honour.*

"MR" CLARKE, *although he styles himself* surgeon, *is only a member of the Hall, and* apothecary *is therefore his proper title.*

W. G.—*Postponed for a week.*

MEDICAL OBITUARY.

On the 31st of January, at Gillingham, Kent, John Butler, Esq., of Woolwich, aged 74.—At Cove, Robert Wesley, Esq., one of the senior-surgeons R.N. During the late war, he was chief medical officer on the Irish station.—On the 4th inst., at Ipswich, of typhus fever, Mr. William Stone, of Lambeth, Surgeon, aged 23.—Jan. 29th at his residence, the Council-house, Shrewsbury, Thomas Du Gard, M.D.—At Paris, on the 23rd of January, the celebrated RICHERAND, author of the Physiology. We may at a future opportunity give a sketch of this hardworking, talented, and successful man.—On the 14th instant, at Knockmagoney, in the 68th year of his age, Alexander Taggart, Esq., M.D.—At New Ross, on Tuesday, George Kavanagh, Esq., M.D., in the 68th year of his age; an old and respectable inhabitant of that town.

NAVY.—Surgeon Alexander Baxter, appointed to the Beacon.—Surgeon John Edwards, to the Excellent, vice Urquhart to the Thunderer.

THE MEDICAL TIMES.

PROSPECTS OF MEDICAL REFORM.

ANOTHER Session is fairly under weigh, and the multifarious plans, projects, and opinions, which usually mark the commencement of a Parliamentary campaign have duly made their appearance. Of the thousand intentions with which each session opens—not a tithe are ever fulfilled. Clashing interests, party squabbles, and private negligence, conspire to hasten this effect, and those who sanguinely hope and expect, from legislatorial power, the correction of stagnant abuses, are, year by year doomed to taste the cup of disappointment, and feel the sickening pangs of hope deferred.

In no one instance has this been more manifestly true than in reference to the amelioration of the acknowledged and glaring errors which disgrace the Medical Institutions of this country. From year to year have the members of the profession reiterated the story of their wrongs—from year to year have they implored, beseeched, and demanded justice to be done them. Again and again have they pointed out the wretched state of our Medical Institutions,—the contradictory powers of the various licensing bodies,—the inroads and uninterrupted ravages of empericism which lifts its gorgon head in defiance of justice, public safety, or decency, in every corner of the land,—and session after session have the self-nominated champions of the injured body made promises which have as regularly and invariably been broken. In 1834, six years ago, the hopes of Medical Reformers were raised by the fact of a committee of inquiry having been appointed. Before that committee the abuses were displayed in all their deformity; but what has been done? Nothing. The six years which have elapsed have produced literally nothing in the way of amendment or amelioration, and the promises of WARBURTON and Co. have been shamelessly and shamefully disregarded and forgotten. It now rests with the profession to say whether this state of things is to continue—whether they are content to see themselves defrauded and degraded by the patronage of quackery, and the prostitution of talent. Whether Morison, the Hygeist, is to reap a golden harvest, while the possessor of a diploma—who has passed years in the acquirement of a knowledge of diseases and their remedies—is to be hustled into poverty and neglect by impudent quackery and ignorant pretension. If this state of things is not to endure they must now bestir themselves. Let petition after petition be showered into the Houses of Parliament. There is no difficulty in this. The form of a petition is simple, and each Medical Reformer should personally address the Legislation, getting their county or city representative to present the petitions to the Commons, and Lord BROUGHAM to present them to the Lords. This would show the spirit of the profession. Again, we would recommend that a petition should be adopted for general signature, in which the public, already strongly impressed with the necessity of medical reform, should be invited to assist the profession in demanding justice. Thousands upon thousands of signatures might be obtained. The students, too, should do something—should show themselves alive to their real position, and anxious to amend it. In France and Germany the students are a compact body, animated by a fellow-feeling, and vigorous in their demands for right. Why is not some such spirit manifested in England?

WESTMINSTER HOSPITAL.

WE last week announced the somewhat unfavourable termination of the inquiry concerning Sir A. Carlisle, and again express our regret, that so ungenerous an attack should have been attended with even the appearance of success. The majority was but 11 to 10, and how far private influence was concerned in the matter, is but too glaringly apparent. It was not the merits of the case which had to be considered, but how Sir A. Carlisle might be most readily expelled, without any particular squeamishness as to the means employed. Messrs. Freeman and Hallet, jun., of course voted with Mr. Thomson, but how far they took the trouble to make themselves cognizant of the circumstances of the affair, by being present during the investigation, is better left *sub silentio*. We suppose Dr. Basham to be emulous of Thomsonian greatness, that he voted on that side: in coupling himself with Mr. T. he perhaps obtains a clearer view of the post of Physician to Westminster Hospital, for the Doctor is a waiter on Providence. Mr. Bicknell, in proposing the amendment, made a speech remarkable for ingenious distortion of facts, and their sophistical application—he would make an admirable Old Bailey counsel; and should any of his brethren have the misfortune to be tried for malpraxis, we would strongly recommend them to endeavour to persuade that gentleman to officiate on the occasion. But still the anti-Carlisle party did not effect their object—they were compelled to fall back on what the *Lancet*, in the limping article which shames its pages, terms "a polite invitation" for Sir Anthony to retire. "It was not in accordance with the animus" of the Thomsonians, whose petty success, however, was worthy Lilliputian minds. We deem the policy of the opposite party injudicious, and marvel that it should have been adopted. Why were the merits of Sir Anthony Carlisle in any way dragged into the resolution proposed by Messrs. Ayrton and Brooke? why was not it made a question, merely as to the correctness or incorrectness of the *Lancet* assertions, in reference to the interests of the Hospital; and in the teeth of the evidence before them, we doubt if even Mr. Thomson's followers could have supported barefaced falsehood and malicious detraction. Bicknell and Co. cunningly merged the question as much as possible into that of Sir A. Carlisle's probable fitness for office, and by so doing achieved their victory.

HOUSE OF COMMONS—THURSDAY, FEB. 6.

ANATOMICAL INSPECTORS.

MR. FRENCH asked the under-secretary of state, whether the government intended to appoint two more anatomical inspectors? By the Act passed last session, the government were empowered to appoint three inspectors, but they had at present only appointed one.—Mr. F. MAULE said, the Act was at present under the consideration of government.

BRITISH MEDICAL ASSOCIATION, EXETER HALL, LONDON.

A Special Meeting was convened on Tuesday, the 11th Inst., to prepare a petition to Parliament, to hear reports of deputations to members of both Houses of Legislature, &c., &c. Dr. Webster, Dr. Granville, and Dr. Lynch, having made their report, and other business transacted, Dr. Lynch moved, and William Simpson, Esq., seconded the following resolution:—"That, as the question of Medical Reform has been brought before the attention of the Legislature, and as the Council of the British Medical Association have heard, through the deputation, from the Marquis of Normanby, that Mr. Warburton had pledged himself to move for the re-appointment of the committee of inquiry upon that subject—it now behoves the council to make every exertion to procure the active co-operation of the great body of the profession throughout the empire, in urging upon the ministry and members of Parliament the necessity and importance that a general and comprehensive measure of reform should be passed as soon as possible, founded upon the evidence adduced before the Committee of the House of Commons, which terminated its sittings in 1834, and also upon the evidence derived from associations, individuals, and other sources." The second resolution was moved by Dr. Lynch, and seconded by William Farre, Esq., "That with this view the council do draw up the form of a petition to Parliament for the members of the profession in the provinces, who are earnestly requested to sign it, or any such form or prayer of petition which they may deem best to adopt, and to forward the same for presentation to the members of the respective towns or counties with whom they may have influence, or to Mr. Wakley, M.P., Bedford-square; Mr. Warburton, M.P., Cadogan-place; or to Mr. French, M.P., Parliament-street." The third resolution, moved by —— Stevens, Esq., and seconded by —— James, Esq., "That a committee be appointed to prepare the form of the petition, and that the same be submitted for adoption at the next time of meeting." Fourth, "That the marked thanks of the Association are hereby given to the Editor of the 'Morning Advertiser', for his able advocacy of Medical Reform." Carried unanimously.

Attempts are being made in the Middlesex Hospital to complete the purchase of the late Dr. Sweatman's preparations, that the School may not be deprived of them. We hope the attempt to secure them will succeed.

Dr. J. Y. Simpson was elected on the 4th inst. Professor of Midwifery in the University of Edinburgh, in the place of the late Dr. Hamilton.

King's College.—The election has been deferred for a short period, pending some future arrangements. It is reported that negotiations were commenced between the King's College authorities and Mr. Liston, but have been suspended—though we doubt not that the cunning Scotchman would have felt no hesitation in forsaking his present colleagues, had it been sufficiently to his advantage.

Apothecaries' Hall.—The following gentlemen passed on Thursday, February 6:—John William Griffith, of London; Thomas Hatchard, of Plymouth; Thomas Preston Parker, of Sunderland; Henry M. Meadows, of Ipswich; William Henry Booth, of Sheffield.

Lock Hospital.—The 5th of March is fixed as the day of election to the surgeoncy of this hospital. Mr. Lane is one candidate, and Mr. H. Good is another.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER FIFTH.—DR. PHILANTHUS'S GREAT BOTANICAL EXCURSION.

(Continued from page 196.)

"Fourteen pots of half-and-half, with a go of gin in each," was the order given by Macarthy as he drew up his army, amounting to the same number, in front of the first public-house they came to, reining in his donkey by means of a curious compound of string, old straps, and bits of worn-out chain that the owner was pleased to call a bridle. The pot-boy, who was arranging the pewters on that customary piece of machinery resembling the diagram of a tree of squibs in fire-work making books, stared for an instant with unfeigned astonishment at the approaching phalanx, and then ran into the house as fast as he could, to call the waiter to his attendance.

In two minutes the heavy made its appearance; the landlord, the two waiters, the pot-boy, the barmaid, and the journeyman paper-hanger, who was dining off mutton-skirt in the tap, each lending their aid to carry it out, and each equally wondering what the gentlemen could want with so much. Their expectation was, however, soon gratified. Descending from his donkey, Macarthy gracefully blew off the froth from the beer, and then bowing gravely to his companions, next to the people of the inn, and finally, to the uproarious circle of delighted small boys that surrounded them, he took a very tight pull himself, and having allowed the donkey boy to taste it as well, he seized the donkey's head and poured all the remainder down his throat, or, at least, as much as was practicable.

As Swubs and Huggles followed his example a roar of laughter arose from the by-standers, which was not diminished when Mr. Okes, not being able to drench his beast so easily as the others, and moreover getting his finger bitten in the attempt, grew very angry and jerked all the rest in the pot-boy's face; an eccentric feat which it cost him sixpence to compromise.

This performance having concluded, and the amount being settled by the usual process of "odd man" between every couple, the expedition again started. They were not long in meeting with a shop for the sale of eggs and cheese, with the accompaniment of bacon, and the usual routine of a chandler's wares. Huggles was deputed to purchase, and accordingly banged his beast up to the shop. Now the shop, like many others, had its floor some two or three steps lower than the pavement, and at the side of the door as you entered was a sort of trellis-work screen to keep unlawful intruders from walking into the articles displayed in the window without permission. As Huggles rode up to the door, in order to summons the shopman, some mischievous devil prompted Macarthy to the following trick. Quietly taking a pin from the inside of his sleeve, where he generally kept a store of them, he inserted it into the posterior portion of the body of Huggles' steed, piercing successively (as Mr. Snipliver would have demonstrated it) through skin, superficial fascia, glutæus maximus, intermuscular tissue, and glutæus medius—if donkeys have *glutæi* at all—my own belief being that their places are supplied in those animals by substance of an insensible indurated conglomerated fibre. The donkey, excited by this application, and not much liking acupuncturation, sprang forward. The small half-wicket that closed the entrance with a bell suspended behind it, gave way, and the forefeet of the asinine intruder stumbling down the steps, Huggles, and donkey and all, bundled into the shop. But this was not all. To save himself in his fall he caught at the lattice-work on his right; it yielded, and with it a small shelf that ran across the window, supporting sundry old decanters' full of bulls-eyes, divers boxes of lucifers, and dirty sweet-meat resembling frozen treacle. Amidst this general fall, and covered by its ruins, did Mr. Huggles enter a shop to buy eggs! A terrible uproar followed. The man of the shop bolted out of his little back parlour in the wildest manner possible, and not perceiving Huggles, who was performing some curious postures on the floor, after the manner of Mr. W. H. Payne, when he has sat down on a hot warming-pan in a pantomime, tumbled clean over him, and began to kick blindly and desperately against a sack of split pease, thinking it was the intruder, until he effected its downfall also. Macarthy was screaming with laughter on the pavement; the little boys were equally delighted; and three new men, fearful of consequences, quietly turned their donkies astray, and hid in an omnibus that was standing without horses at the inn opposite, preparatory to starting for London.

Of course there was a regular shindy—what else was to be expected? As soon, however, as the shopkeeper got upon his legs again, Huggles, who stood a joke better than any one else in the world, made a rapid offer of payment for damage committed, which most of the others volunteered to share, having, as Mac observed, "had immense VALLY for their tin." A few shillings set all to rights, and the bulls-eyes and hard-bake were swept up in a heap, and thrown amongst the small fry at the door—a performance which gave general satisfaction. Moreover, a large quantity of bacon, eggs, cheese, and penny "busters," was purchased, and a lad dispatched with them to the spot where they had left the Doctor.

"And now, boys," said Macarthy, "recollect the conditions of our coming. Let us all start back again, and whoever first gets in shall be exempt from payment. Fire away, my lads," he continued, addressing the donkey drivers, "and the winning one of you shall have a shilling."

This was inducement enough—excitement and the products of vinous fermentation are equally intoxicating, and they were now all ripe for anything. Off they set immediately, and such an hullabaloo was never heard in Hampstead since the days of Jack Straw himself. The students shouted, the mob cheered, and the donkey boys assumed a series of violent pantomimic attitudes and unearthly noises, coupled with sonorous thwacks of sticks on the cruppers of the devoted beasts, that only that class of persons are capable of performing. Swubs was in his glory. Disdaining stirrups, saddle, or girths, he perched himself right back on the donkey's sacrum—the beau ideal of a charity-boy in private clothes—and holding the reins lightly elevated in his left hand commenced a perpetual series of blows on the flanks, which got his animal into a fast gallop, and procured him the lead in the "ruck" of botanizers that followed. The hill winded all of them a little, but when they got upon the Heath they again made play, more especially as they perceived Okes and Macarthy down in the valley on their right, having got there through some brewer's premises out of the village, and so making a much nearer cut. A little beyond the inn, three donkeys belonging to the new men were accustomed to stand for hire. Here they of course stopped short, and neither words nor blows could induce them to move one step, so the riders dismounted and continued the race on foot. Swubs now selected a footpath

on the Heath in preference to the road, at the side of which it ran. A small barrow lay in his way, containing some linen, whose owner had ran on one side upon seeing the army approaching. Inflicting one desperate bang on the beast's ribs his donkey cleared it, or rather kicked it down in the leap, and a yell of admiration arose at the feat.

"Bravo,—Dick—Turpin," gasped Johnson as well as he was able, for want of breath and jolting, "you'll—get—to—York—to-night—now,—if—you—try."

"Go it, my pippin," was the answer; and as they came to the commencement of Lord Somebody's inclosure, opposite the Spaniards, Macarthy and Okes bore up from the Heath and joined in Swub's lead, leaving the others some little way behind.

"I'll tell you what it is," whispered Mac to the other two, as soon as they got together, "we can't all win, so let us go in together, and swear it was a dead heat. The others won't run again, and we'll have nothing to pay;" and acting on this suggestion, which bore a perfect analogy to a real race, they rode on to the trysting place; all arrived at the same time, and declared themselves ready to ride it again with any body that denied it—a challenge no one seemed inclined to accept.

The Doctor, whom we have stated to have been a very good fellow, laughed heartily as he saw his class approach, and his merriment was not diminished when Huggles proceeded to recount their various adventures since they had left him. The boy with the eatables was not long after our gentlemen, and as soon as the donkeys had been paid for and discharged, the Professor led them all to a cottage he had routed up during our absence, where he proposed that we should feed. Being a sort of servant to the party, I was dispatched for the heavy, which, to save trouble, I brought down in two very large cans, with the pewters hanging by their handles on the spouts, after the style of the porter-vendors in the two shilling gallery of Drury-lane. The Doctor presided, and Mr. Okes took the vice-chair. The other pupils ranged down either side, and even the new men that had hidden in the *bus*, crept out when they saw all quiet, and made their appearance time enough for dinner. Then after they had eaten followed the toasts. First they drank Dr. Philanthus, who returned thanks for the honour they had done him, and said how proud he was to meet them, and that he begged to drink all their healths in return. Next they drank success to the school; then Mac proposed "might they be *hardy* enough to *ride-out* of Apothecaries' Hall, without a kick from the *wheeler*" (recollect this was some time ago): then Huggles gave "Mr. Snipliver and the subjects;" and this was followed by "Dr. Catchmole and the ladies;" and, finally, Mr. Okes, who was beginning to get rather boaky, proposed "the healths of the wax-models and fœtal-circulations in the museum."

As the newspaper says, "several convivial songs were sung and toasts were given," and as evening approached Dr. Philanthus collected his candle-boxes, weeds, and house pupils, and bade us good night. An immediate adjournment took place to Jack Straw's, and some fresh libations commenced. I should have had much pleasure in laying them before the readers of the 'Medical Times,' but I must confess my intellect began to be rather clouded myself, and I recollect nothing more than being treated very liberally, sitting in a cloud of smoke that I could have cut with a knife, and hearing Mr. Macarthy say, the next morning, that he came home eight inside a Hampstead stage with all the windows up, and the same number of pipes alight, having fined the first man four pots that could not stand choking any longer, and begged for a little fresh air.

So ended the botanical excursion. Not a sprig collected was ever seen again: nobody came to lecture next day except the Doctor himself, and he, after walking four distinct times round the garden, in hopes of nailing some stray pupils, finished by walking home again.

ROCKET.

MEDICAL REFORM.—At the late meeting of the North of England Medical Association, a report was presented by the committee of that Society, from which we give the following extracts, condemnatory of the present unsatisfactory state of the profession:—"A statement was made to Lord John Russell, when Home Secretary, by the Council of the British Medical Association, to the effect, that out of 1,830 practitioners employed under the Poor Law Amendment Act, 327 had not been examined in surgery, 323 had not been examined in medicine, and 233 had not been examined *at all!* In a memorial lately presented to the Secretary of State, by the Medical Association of Ireland, it is affirmed, that 'some of the Dispensaries of Ireland, which are supported at very considerable expense to the country, are intrusted to persons who have received little or no medical education.' The same document contains the following passage:—'The services of medicine are required in both the civil and criminal judicature; but, singular and barbarous as it may appear, it is no less true, that neither the written statutes nor the opinions of the judges define who are to be recognised as the administrators of those services; and while the letter of the law is apparently complied with, by the reception of the evidence of any man who chooses to assume the medical character, its spirit is frequently evaded by the attribution of that character to persons altogether destitute of any right, nominal or legal, to its possession. Coroners and other magistrates can, and do, commit accused persons to gaol, solely on the testimony of witnesses whom those officers may choose to consider medical; juries pronounce capital convictions, and decide questions of inheritance, upon similar grounds; and inoffensive members of society are torn from their homes, and incarcerated in lunatic asylums, upon the certificate of any one who chooses to call himself a member of the medical profession."—The report also condemns "the indiscriminate and careless manner with which the most deadly poisons are dispensed from the shops of our chemists and druggists, amounting as it does to a national reproach. To arrest, as far as possible, the dangerous consequences arising from the want of some controlling influence in the department of pharmacy, the committee think that no person should be allowed to prepare and sell medicine without obtaining a license for that specific purpose, which should be granted him after a suitable examination, conducted before a properly constituted board, such as that which might be afforded by the Society of Apothecaries, London." The committee, taking into consideration the inseparability of surgery from medicine, coincide entirely in the sentiments contained in the petition adopted in July, 1839, by the Provincial Medical and Surgical Association, as to the propriety of establishing an adequate and uniform education for the whole profession; so that *all who enter it* shall pass through the same course of *preliminary* and professional instruction—be tested by the same examination—and, when approved, entitled to the same privileges.

CLINICAL LECTURES ON CANCEROUS OR MALIGNANT DISEASES,

DELIVERED AT THE RICHMOND SURGICAL HOSPITAL, BY MR. CARMICHAEL.

[The following lecture, by this sound surgeon, is from the commencement of a series reported by Mr. Samuel Gordon for the Medical Press.]

I PURPOSE, in this day's lecture, to call attention to cancerous complaints, which, according to the views of the illustrious Laennec, are but a genus of the numerous order termed malignant diseases, thus named because they are so little under the influence of any means with which we are at present acquainted, that the unhappy individual upon whom any one of them fastens, may almost consider himself as a victim whose doom is determined. This order of diseases is owing to the production of a foreign substance, not found in the natural organisation of the part in which it is engendered, and may consist of growths of a fibrous, cartilaginous, or gelatinous appearance, or of a substance resembling brain in consistence, in general white, but sometimes of a dark or black colour, and finally of cysts containing vesicular worms, some without heads and some with them. But you may find in the same morbid production, a combination of two, three, or more of these foreign substances. The grand question is, how are they produced? Are they the effects of morbid secretion? or shall we conclude that these "accidental productions" possess a proper vitality, and develope themselves by intus-susception, drawing their nourishment from the parts in which they are imbedded by their own innate powers, and increasing or multiplying from the same cause. I am unwilling, in a clinical lecture, which ought to be purely practical, to enter into theoretical discussions, but I shall venture to say, that not one of you would be satisfied without some inquiry into the nature of a class of diseases which destroys, annually, perhaps a moiety of the civilized world. The doctrine respecting them which at present most generally prevails, is that they are morbid secretions, incapable of becoming organised, like healthy depositions, in consequence of unhealthy changes in the mass of blood; but it does not appear to me that this, the prevailing hypothesis respecting these foreign productions, accounts in a satisfactory manner for the phenomena of the diseases they occasion. For instance, on this supposition how can we explain that a cancer commences in a point and acquires its volume by slow and progressive degrees? If it were a morbid secretion, it would not thus always have a minute origin and a gradual increase, but develope itself largely, and perhaps at once engage the entire organ assailed. Again—it is acknowledged by those who espouse this opinion, that inflammation has nothing to do with these foreign productions, although they attribute them to the depositions of unhealthy lymph; yet we do not find that lymph, healthy or unhealthy, is ever deposited without its usual precursor or concomitant—inflammation.

Again, although it might be granted that tuberculous or carcinomatous productions might be owing to the deposition of unhealthy lymph, arising from a morbid state of the blood, this theory will not account for the fact, that cancer may arise in the healthiest person, if any part of his frame is subjected to such external violence or continual irritation, as to injure the organisation of that part. This is a fact that must be familiar to every experienced surgeon. Sir Everard Home, for instance, mentions the cases of two healthy young men, one had a cancer in his foot, caused by wearing tight shoes—the other was a sailor and received by

a fall a severe injury on the glans penis, which subsequently became cancerous. We meet frequently in hospitals ulcerated buboes of long continuance, at length becoming cancerous, and in this country we every day see the healthiest young men with cancer of the lower lip, on that very spot where they have been in the constant habit of holding their short and heated tobacco pipes. Even a sun-burn on the lip of a healthy man, exposed to constant irritation, will become cancerous. The same may be said from the irritation of a broken or jagged tooth on the tongue, or even of a pimple on the chin frequently irritated and removed daily by the razor. How will this hypothesis account for the prevalence of cancer in the breasts and uteri of women at that period of life when the catamenia first cease, when they are no longer capable of child-bearing, and consequently, when these organs become useless appendages to the female system? and this prevalence occurs at the period of life alluded to, from the fortieth to the fiftieth year, in the healthiest woman. But the fact is, that if the disease had *always* a constitutional origin, arising from some vitiated state of the fluids, not at present understood, we should never see operation attended with success. I acknowledge that it *is not* often attended with success, but that it ever should is a sufficient proof, that cancer is not always a constitutional disease. The only criterion at present, by which surgeons form their judgment of the propriety of operation, hinges upon the state of the lymphatic glands in the neighbourhood of the disease, and upon that of the lungs. If the first are affected, or the other show signs of being tuberculated, operation is declined. But there *are* indications which point out sufficiently well, when cancer has not a local but a constitutional origin, and therefore prohibit in such cases any attempt at extirpation. These signs are a delicate, sickly appearance, but above all, a peculiarly pale anæmic countenance, inclining rather to a bluish or leaden hue, as if the blood had not been duly oxygenated. If a person with this description of appearance should apply to me for advice, on account of a cancerous tumour, nothing would induce me to recommend operation, even although the lymphatic glands in its neighbourhood were totally free from disease, and the lungs perfectly sound. I should be of the same opinion, even though the tumour in question were attributed to external violence, and not to any fault in the patient's constitution. For the accession of any turberculous or cancerous tumour in a person of this peculiar bluish, pale, or leaden colour, would indicate to me, that the disposition to the formation of such tumours was constitutional, and, therefore, that any attempt to remove a *single one* by operation, or other means, would be fruitless, and only put the patient to unnecessary pain, hurry the impending fatal catastrophe, and bring discredit upon surgery. I have frequently observed, that in persons of this complexion the usual period of the accession of cancer is anticipated; for instance, I have met with cases of cancer of the uterus in young women of this complexion, from twenty to thirty years of age, and in one case, cancer of both breasts in a child twelve years of age. Two aunts of this girl died of cancer in the breast, and the whole family were remarkable for their anæmic appearance. I have also remarked, that in persons of this complexion assailed by cancer, it always makes an unusually rapid progress, so that I have known instances of women of this appearance die of the disease in four or five months from the time it was first observed. In these persons, it quickly extended from one breast to the other, also into the axillæ, and from thence onwards to the back underneath the scapulæ. While, on the contrary, in some persons of a healthy appearance, the cancerous tumour would remain for years almost stationary, unattached to the skin or parts underneath. In others, though nearly as chronic, it, however, will become fixed by attachments to the surrounding parts; if situated in the breast, it may become fixed to the ribs and intercostal muscles on the one hand, and to the integuments on the other, the breast at the same time being absorbed, its place is supplied by the carcinomatous substance, which thus becomes a firm and indurated bond of union between the discoloured and superficially ulcerated skin, and the parietes of the chest—thus the disease will remain many years in this state without disturbing much the patient's comforts. In the advanced stages of cancer, the patient complains in general more of deep-seated pains in the limbs than in the breast, which are well accounted for by the deposition of the cancerous substance found in the very cavities of the bones themselves, and of course compressing the nerves in its neighbourhood. [Mr. C. showed the class various preparations of the carcinomatous substance in the centre of the various long bones, and in the cancellous structure of those of the pelvis which had been prepared by Mr. Smith from patients who had died with cancer of the breasts.]

The leaden-coloured anæmic appearance indicative of the cancerous diathesis is totally different from that which we so frequently see amongst the impoverished inhabitants of this and other cities, but particularly of that wretched part of this city, termed the liberties. The countenance of those people, indicative of extreme want, or of the use of nutriment of the worst description, together with the constant inhalation of a damp vitiated atmosphere, is no doubt pale and bloated, with a strong tendency to general dropsy; but this paleness has a lemon and not a leaden-coloured hue, like that which indicates a disposition to carcinomatous disease. Whether the latter arises from some fault in the lungs, by which the blood is not duly oxygenated, and the former from some derangement in the liver, by which the patient acquires this sub-jaundiced appearance, or whether both arise from different morbid states of blood, which improved animal chemistry may one day ascertain. I shall not take upon me now to form an opinion, but leave these facts for future investigation. Andral mentions a remarkable instance of this anæmic bilious complexion, which he compares to the "colour of wax that had been tinged yellow by the influence of time," which occurred amongst the workmen of a coal mine at Auzain, in whom all traces of blood vessels had disappeared, and who complained of excessive debility and palpitations, with oppression on the slightest exertion. The recovery of such patients as survived was attributed to large doses of the filings of iron, which would seem to indicate that the impure air these people breathed, had deprived the iron of the blood of the property of contributing to the red colour of this fluid, and of fulfilling those other purposes in the animal economy for which it was designed. The same lemon-coloured, pale, bloated visages, with a general dropsical tendency, caused by unwholesome exhalations from the soil, is observable in various parts of volcanic Italy, but particularly in the Campagnia of Rome, and in the plains surrounding the ruins of Pæstum. The very same causes which only excite the symptoms of scrofula in the human species, seem to be capable of producing tubercles and hydatids in the lower animals of the mammalia class. Thus, animals confined in menageries, deprived of exercise, are constantly found to be infested with hydatids and tubercles in their various organs. I have already mentioned in my lecture on scrofula, that swine are subject to a disease called in them the measles, which is owing to numerous hydatids of the cysto-cercus species, that is, an hydatid, furnished with a neck, head, and suckers, which infest the muscular flesh and cellular membrane, while they have never been found in the animal in its wild state, when in the full enjoyment of exercise. The dairy cows of Paris, deprived of all exercise, and confined incessantly to sheds, are also infested with both tubercles and hydatids. Sheep fed upon low marshy soils, and in very wet seasons, are particularly liable to hydatids in their brains, and a peculiar animal termed by victuallers, flukes, and by zoologists, fasciolæ hepaticæ, which you may see in this liver. [Here Mr. Carmichael showed a sheep's liver, infested with numbers of those animals, some contained in distinct cartilaginous looking cysts, and others in the biliary ducts, which had become enlarged and thickened.] But we can produce at our pleasure, both tubercles and hydatids in animals, by depriving them of the genial influence of the solar rays, of that exercise so necessary for the due performance of their various functions—by permitting them only to breathe a damp unwholesome atmosphere, and by feeding them on inappropriate indigestible aliment. Jenner and Baron have produced hydatids and tubercles in the course of a few weeks, in the lungs and livers of rabbits, by subjecting them to this treatment, and I and many others have verified their highly interesting experiments. Now this chain of facts when coupled with those laid down, relative to the exciting causes of scrofula, are of the deepest importance respecting the origin of both that disease and tuberculous formations. Although I am of opinion, from the several reasons stated in my first lecture, that tubercles, such as we meet with in the lungs, are essentially different in their nature from scrofulous tumours, such as we find in lymphatic glands in the neck and elsewhere, yet I am perfectly willing to admit, that those who have been subjected to scrofula in early life, are most liable to tuberculous or cancerous formations in adult age.

The various facts, therefore, just adduced, all prove that the very same causes which only occasion scrofula in the human species, induce the formation of hydatids and other parasites, intermingled with tubercles in the inferior animals; hence, we have reason to infer that man possesses a greater conservative power against the production of parasites than the other mammalia, and we find that the inferior animals are very subject to the visitation of more perfectly formed parasites in their solid tissues than man—for instance, the cysto-cercus hydatid, furnished with a head, neck, and suckers, so common in brutes, has been very seldom found in man, and the fasciola hepatica, so common in sheep, has never been found in the human liver. The simple acephalocyste hydatid, a mere membranous bag, containing a clear fluid invested with its proper cyst, and multiplying by the productions of minute hydatids on its interior surface, is the parasite most frequently met with in the solid tissues of the human species. The independent vitality of tuberculous and carcinomatous masses, although constantly found intermingled with hydatids in the bodies of the lower animals, and sometimes in the human frame, has not, I admit, been proved; but this view of their nature, accounts in so satisfactory a manner for all the symptoms and phenomena of these malignant productions, which is not afforded by any other hypothesis, that I cannot but regard it as a fact, although not at present admitting of demonstrative proof. On this theory alone,

we can account for cancer being sometimes a mere local disease, arising from these local causes which injure the organisation of a part —while at other times, it is so obviously a constitutional malady, that any attempt at extirpation in general only increases its ravages; for, though we should be successful in removing it from one place, it will make its appearance in another. On this principle we can well conceive why the breasts and uteri of women, just having passed the period of bearing children, should be particularly liable to the production of those parasitic animal fungi, at a time when the structure of those organs must undergo some diminution of vitality, in consequence of their becoming useless appendages to the female system. Andral observes, "there are some entozoa that consist of nothing but a parenchymatous mass, without any perceptible organs." Now, as he does not state what the entozoa are, to which he thus alludes, I presume he could only mean the tuberculous or malignant masses in question. Dr. Farre, in his work upon organic diseases of the liver, gives his opinion without hesitation, that a fungous or medullary form of tubercle of that viscus was in possession of a proper vitality, and developed itself by its own innate powers.

Laennec is equally decided respecting the independent vitality of tubercles, and although opposed by Cruveilhier, Majendie, Lombard, Carswell, and others, I am persuaded, that future pathologists will adopt those opinions. Doctor Baron, in his work on tuberculated accretions, is obviously another supporter of this doctrine, which I understand is every day gaining proselytes, but particularly amongst the searching and indefatigable pathologists and naturalists of Germany, so that I feel in no small degree strengthened in a doctrine which I espoused so long ago as 1806, when the first edition of my essay on cancer made its appearance, and in which I had no predecessor but Dr. Adams, who suggested my theory, though in the details I differed widely from him. Doctor Carswell, an excellent pathologist, is decidedly opposed to the doctrine of the independent vitality of tuberculous and cancerous masses. He objects that he has found the matter of tubercles in the blood; but, on looking into his work, and admirable delineations of organic diseases, it is obvious, that he only found it in the veins immediately in connexion with medullary or tuberculous masses. Cruveilhier and Velpeau make the same assertion. Now these pathologists nowhere state that they saw it in arteries, although it is only arteries which could deposit it, but they found it in veins, whose extremities opening upon the substance in question, in its dead and softened state, no doubt absorbed those portions of it seen in the larger trunks; and veins are now universally acknowledged to have the power of absorption. Another argument of Doctor Carswell's is, that the tuberculous matter, like other deposits, will take the form of the part in which it is found. But to this it may be answered that the same occurrence is observed, when vegetable fungi sprout in narrow and confined places, as in wine vaults, and will consequently take their form and shape from those *external causes* to which they are exposed, and yet no one doubts but that *they* grow by their own internal powers.

"Tubercles," as I observed at a meeting of the British Association in 1836, "have no connexion by means of vessels with the surrounding tissues in which they are imbedded. This is apparent from the preparations before you; they are commonly found in regular circumscribed masses. They at first, generally before they undergo any transmutation, have the appearance of semi-transparent vesicles; even those that are opaque, on a close examination, I have often found to be hollow; in fact they are thickened vesicles or cysts. But even should they not present the vesicular form, but appear as solid masses without connexion of vessels with the surrounding parts, I do not see why their solidity should be an objection to their possession of an independent vitality. They may continue in this state for months, nay years, without their presence being suspected. As long as they themselves retain life, they do not occasion any stimulus or disturbance in the parts in which they have their nidus, to throw them off; but when they die they act like extraneous bodies (as we know from the facts respecting the guinea-worm), and occasion local inflammation and general disturbance of the system. They soften afterwards, and if situated in the lungs may be expectorated, and the expectorated matter, as was proved long ago by Stark, is neither pus nor mucus, but is the substance of the dead and softened tubercle. The present prevailing doctrine concerning tubercles, viz., that they are lifeless masses of unhealthy or vitiated coagulable lymph, incapable of becoming organised, is contrary to the laws which govern animal bodies. No lifeless mass can remain in the tissue of a living body without exciting inflammation and suppuration, by which it may be expelled. Besides, the hypothesis is over strained. Who ever saw coagulable lymph deposited in the form of semi-transparent grey vesicles, or even in these regular compact masses like grains of shot, which we see in the preparations before us, and in which no vessels appear, although all the surrounding tissues are red with injection; and who ever witnessed depositions of lymph first softening and then changing into calcareous masses? But in this, the last transmutation of tubercle, we must be struck with the close resemblance which it bears to the acknowledged animal, hydatid."

Large masses of tuberculous matter, which either commence in the hydatid form, or in that of the medullary tubercle, are found occasionally in the abdomen of such a bulk as to compress the viscera, and thus occasion death. They have been termed by Dr. Baron tuberculated accretions, of which, from my own experience, as well as that of others, I adduced several remarkable instances in the paper to which I have just alluded, one of which is so striking that I cannot refrain from calling your attention to it—it is the case of a lady supposed to be pregnant until the time of parturition had passed. On examination after death we found globular masses, varying from the size of a pea to that of a large orange, each filled with gelatinous fluid or substance which compressed all the viscera. When these masses were removed, the enormous growth may be estimated, when I assure my hearers that a large washing-tub was nearly filled by them. How life could be preserved during the accumulation of such a mass, which seemed only to occasion death by its pressure on the surrounding viscera, surprised us not a little. In Cruveilhier's Anatomie Pathologique, pl. 1 & 2 of his 19th livraison, are delineated an accumulation of *acephalocyste hydatids* in the abdomen, attached to the spleen, liver, omentum, and peritoneum, which precisely resembled those found in the case to which I have just alluded.

REVIEWS.

The Etiquette of the Medical Profession. By ABRAHAM BANKS, Surgeon, &c. Fox, Paternoster Row.

THE author of this little volume has done good service to the profession by the publication of his 'Hints on Medical Etiquette.' We could wish that we lived in days when no rules might be requisite for the guidance of members of a liberal profession in their conduct towards each other—in days when the high and noble object of medicine, the alleviation of the pangs of suffering humanity—had purified the hearts and elevated the feelings and actions of those who might follow it as a profession, far above the meannesses and petty-mindedness that at present too frequently disfigure their conduct. But since those days have not yet arrived, it is a boon to be received with gladness and thanks, when any individual attempts to hasten its advent by pointing out the course to be pursued in those cases of difficulty in which practitioners frequently find themselves involved—those nice cases where interest and honour threaten to come in hostile contact with each other. In producing his thoughts and suggestions upon this interesting topic, Mr. Banks has deserved our thanks; and if he does not establish every point he wishes to support, he is yet at least entitled to the consideration due to all honest and honourable intentions—to attention as an author, and courtesy as a gentleman. This, in one instance at least, he has not received; but as this is not the place to enter upon personal matters, we defer Mr. Banks' wrongs to make way for some extracts from his book.

1. *When one Practitioner attends a case of Midwifery, or an Accident, for another.*

There seems to be no general understanding in the profession, as to what is to be done in respect to the fee; some will take it, and keep it, and occasionally the patient also if they can; others compromise the matter, and retain a portion; whilst others again persist in refusing any consideration whatever. It is perhaps more congenial with the highest notions of honour, and more consistent with true dignity, to adopt this last practice, but many inconveniences necessarily arise from it; for instance, unless it be universally followed, it leads to a great deal of unfairness. A very sensitive practitioner may always persist in refusing any remuneration, whilst he under similar circumstances shall have every fee wrested from him: this is most unjust, and places an honourable man in a very disadvantageous position. To give another illustration of its injustice—there may be two men in a neighbourhood, the one having a very large, and the other a small practice; the chances in this case will be, that the man of small practice will do ten, or more times as much for the other proctitioner, as that other does for him, so that he becomes in a measure his assistant, without the fair compensation. Again, in London, from the inconvenient practice of employing medical men at such great distances, it often happens that about the outskirts, or in the suburbs, a man may have to attend more cases for others than for himself; here also he acts the part of assistant to the more established practitioner. Now, to obviate these difficulties, some persons have proposed to divide the fee; and amongst many this is done by a previous understanding to that effect, and if all fees were of much the same magnitude there could be no objection urged against the arrangement; but as some practitioners attend for almost as few shillings as others do for guineas, it seems unfair that he who may have paid two or three guineas should in his turn only receive a crown, or less, for conferring a similar kindness. The inconvenience also of having a fixed remuneration must be clear to every one, as in many cases a practitioner might have to pay more than he receives. To remove all these difficulties, we would therefore propose that, whenever one practitioner is accidently called in to attend a labour for another—excepting amongst intimate friends, who of course will consult their feelings much better, by allowing a larger latitude of generosity, if we may use that word—he shall receive half the fee, recognising no fee below one guinea, or above two, and that this shall in future be considered perfectly compatible with the highest notions of honour and professional etiquette, as it would appear to be consistent with equity and common sense. The same rule, with some slight modification, might apply to accidents, especially those of a serious character

2. *When two Practitioners meet in consultation.*

It often happens, at the desire of the patient, or

his friends, another general practitioner is called in, by way of consultation: now there can be no objection to this, nor do we see why two general practitioners should not meet in perfect harmony upon a case, if there were some general understanding in the profession as to the conditions upon which that meeting should take place. As it is now, this often leads to some unpleasantness, and commonly to reluctance on both sides; it usually terminates in one of the parties giving his attendance gratuitously, though we confess we cannot perceive why he should do so any more than a physician, or pure surgeon; it is lending his sanction to a practice, which it is both his interest and his duty to endeavour to overthrow, nor indeed is it fair towards himself. Occasionally he receives the customary fee; this again is unfair towards the other practitioner: for why should two men, holding the same rank, possessing the same legal qualifications, the actual experience and knowledge pretty equally balanced, be placed in such different positions? Yet the profession may daily witness the monstrous absurdity of two men of equal grade, the one receiving his guinea, the other his half-crown, for the same services, with this difference, that he who receives the half-crown has to provide medicine in the bargain. Now, to obviate this anomaly, we would suggest that when two practitioners, possessing the same legal qualifications (for however absurd these may be as the line is now drawn, yet they form the only criterion for us to act upon,) meet upon a case, they should be received on precisely the same footing, and each have the same amount of remuneration, and at *the same time*, for that particular consultation, whether this be a guinea, a half-guinea, or a crown.

3. *Affectation of Mystery.*

We have heard physicians use such words as "secundùm artem, ad deliquium, toastùm boastum," &c. &c., when talking to a general practitioner before others, such can only impose upon the ignorant, and cannot fail to lower a man in his own estimation; the profession should be too proud to violate the laws of good taste and honesty, to bend to popular error. We remember some time since dining at a house where there was a lawyer at table, who, amongst many other professional terms, said, nothing was so mean as a *tu quoque*; if this gentleman could have seen how ridiculous he appeared, his countenance would doubtless have betrayed some embarrassment of the internal man.

When any person unnecessarily uses technical terms in the presence of others who may not be supposed to understand them, we regard it as a direct insult to those persons; it is in fact laughing at them. Closely allied to this habit, is that of clothing medicinal preparations in false colours, such as mixing rose pink with linseed meal, vermilion with Epsom salts, burnt sugar with goulard water, &c. &c. We know that strong excuses may be pleaded in extenuation; but we may be permitted to deplore that constitution of society, which renders such conduct almost necessary; we believe it to be perfectly incompatible with an ardent love of truth, and a glowing admiration of rectitude. Many other practices would seem to come very properly under this head, all which, being part and parcel of a system of deception, violate more or less the sacred sanctuary of truth. It is scarcely necessary to allude to that thoroughly beaten path, which has now become nearly obsolete from its palpable nature; such as being called out of churches during divine service, and other public places, and so contriving matters as to be riding hard by, when people are coming out, his horse foaming and sweating—poor animal! all in the cause of falsehood. But this has given way to other arts equally reprehensible, though of a more refined character, and not quite so obvious to public perception; such as singing very loudly over and above all the rest of the congregation, taking a conspicuous pew, and sometimes mounting on a hassock, in order to be well seen; giving the responses in very audible language, so as to excite the observation, "who is that pious gentleman?" making himself very officious, particularly in the charitable department, so far as the collecting goes, more especially if there is any chance of filling a medical appointment. A petition for a charity forms an excellent plea for calling on the wealthy, and putting in a good word for number one—the more so, if nobody else will do it; bowing to every one he meets, though, perhaps, he has never seen the person before; assuming a very religious tone according to the character he has to deal with, as, "Well, Ma'am, we have maturely considered your dear little girl, and ordered such and such medicine, which, by the blessing of God, we hope will have the desired effect:" all this hypocritical cant, if it be not criminal, is truly disgusting. Another recent manœuvre, which is sometimes practiced, is putting up counterfeit medicines, and letting them lie about the counter in the surgery or shop, so as to give a false impression of business; talking largely, and contriving, if any excuse can possibly be obtained for so doing, to introduce the name of some nobleman or baronet into all his discourse, chiefly before strangers. We have witnessed instances where some unfortunate peer, who may have accidently got his name upon an apothecary's books, has had that name mangled most unmercifully, as, "John, has my lord such a one had his medicine? be good enough to send that medicine to his lordship directly; I will attend to you, sir, as soon as I have ordered something for my lord ——" &c. We remember hearing of a man who could not open his mouth without letting people know that he kept a horse and chaise; a bet was made upon the strength of this, that he could not answer the simplest question without introducing these essentials of his establishment. The question put was direct enough; he was asked what o'clock it was? and answered, 'when I, with my wife, passed the Horse Guards this morning in my horse and chay, it wanted,' &c.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

SYMPATHETIC INFLAMMATION OF THE GLANDS OF THE GROIN.

JAMES WOOD, æt. 21, was admitted Dec. 24, 1839, having an extensive inflammation of the glands of the groin. He states, that about eight months ago he contracted a gonorrhœa, attended by the usual symptoms of ardor urinæ, chordee, and discharge. He applied to a surgeon, who ordered him to take (3 ij bals. copaib. ter die). He continued this medicine for about six weeks, when the symptoms gradually disappeared and his general health was good, till about a month ago, when he perceived an enlargement of the left groin, which gradually increased, accompanied with pain in the loins, which incapacitated him from following his usual avocations, and he became an in-patient of this hospital last Sunday, and was ordered (pil. cal. c. coloc. co. gr. x. statim), and be followed up by the "haust. cath. fort." By this medicine his bowels were freely evacuated, and next day Mr. Guthrie ordered (pil. hydrarg. gr. v., p. opii gr. ½, omni vespere.) Decoction sarsæ. c. 0j. quoti die, with a blister, which was removed next day, and the following lotion applied, (hyd. bichloridi, gr. x., aquæ 1 oz.)

July 6. By the continued use of this application the inflammation has rapidly subsided, and is now half its former size. General health good; bowels gently open.

Jan. 8. To complete the cure of this most favourable case, emplast. cantharid. was again ordered, and the same lotion applied—the sarsaparilla to be continued daily.

Jan. 15. The inflammation may be said to be entirely gone. All sensibility to the touch is absent. He now walks about without inconvenience, and is, in all respects, convalescent.

Jan. 23. Had this morning a figure of eight bandage applied to remove a slight chronic induration still existing.

Thus was a well-marked case of inflammation of groin, (constituting a sympathetic bubo,) cured rapidly and with little pain or disturbance to the patient, and the general health, which was also very deranged, quite restored.

CHARING-CROSS HOSPITAL.

DISLOCATION OF THE TIBIA OUTWARDS.

JOHN SUNNES was admitted Nov. 28th under the care of Mr. Partridge, with dislocation of the superior extremity of the tibia outwards, and oblique fracture of the internal condyle of the femur. There was also fracture of the ossa nasi, and much contusion of the forehead. The man had fallen down a well-staircase, from the height of about 100 feet, and thinks he struck his knee in the descent. The right leg was somewhat flexed on the thigh, and the knee was very much distorted, the internal condyle of the femur being so prominent, that it could be grasped with facility, and the tibia and fibula projected externally in proportion. The patella lay on the anterior and external part of the joint, and the external condyle of the femur rested on the internal semilunar cartilage. There was no great extravasation, nor did the man complain of much pain, indeed he incessantly moved the limb about. The reduction was readily accomplished, the leg being bent at right angles with the thigh, by making extension at the ancle, and at the same time pressing the tibia into its natural position. The reduction did not occupy three minutes. The limb was then placed on a splint in the same fixed position, rather inclining outwards, with a roller above and below the knee—a cold evaporating lotion was kept applied, and a cathartic administered.—29th. The limb remains in a good position, but there is great swelling and redness about the joint; the bowels have been freely relieved—apply twenty leeches and let the knee be well fomented; also to have a saline draught every four hours.—30th the swelling and redness have nearly disappeared, and everything appears to go on favourably.—Dec. 10th, doing well. The limb was to-day placed in a straighter position. He improved daily; a perfectly straight position of the limb was soon attained, and on the 24th the man quitted the hospital with some power of motion in the joint, the use of which seemed daily increasing.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

ANÆMIA.

FEBRUARY 8th—Mr. STREETER in the chair.—The president exhibited an umbilical cord, of the unusual length of forty-five inches. As this organ of the infant has seldom been known to exceed forty inches, the present was considered a most interesting preparation.—A letter was read from Dr. GOLDING BIRD, on the character of blood in anæmia. The author endeavoured to establish the proposition, that in persons who are anæmial, but who have not been weakened by hæmorrhage, by leucorrhœal or albuminous discharge, or by any other unnatural secretion, we have no right to assume there is necessarily always a decrease of the red particles, and an increase of the serous portion of the blood; nor, on the other hand, ought we to assume, that in every case of plethora, indicated by a suffused countenance, there is a greater proportion of the colouring particles than ordinarily. The experiments which had been made were too few in number, and too ill conducted, to warrant either of these assumptions. For his own part, he (Dr. B.) had been instituting experiments for several years past, but had nevertheless come to no conclusion on the subject. He then referred to M. Dennie's analysis, proving that in scarcely two cases of anæmia were the appearances of the blood alike. In the cases noted by that continental chemist, the proportion of red particles to serum varied as from 14 per cent. of the former, to 84 per cent. of the latter; and one or two samples of blood drawn by him from weak, emaciated, and chlorotic girls, presented even a greater quantity of red particles than was found in the blood of healthy and robust individuals. Still, as he (Dr. B.) had before observed, he would give no opinion on either side.—Mr. SNOW, from what had been stated by Dr. Bird, was much inclined to doubt whether that gentleman could really distinguish anæmia (!) He had heard of some workmen in one of the mines in Germany, who, being attacked by foul air, became extremely exhausted, and apparently anæmial, and their blood, on examination, was found to a great extent to be

deficient of red particles. They were subsequently cured by bark and tonics.—Mr. VERRELL observed, that a great deal depended on the situation in life of the party indisposed. It was a well-established fact, that the blood of persons in humble life, especially of those who reside in low and marshy districts, invariably contained more serum and less colouring matter, and was, in fact, what might be summed up in one word, *poorer* than that of persons of a higher class in society. He was old enough to remember having been a witness of the custom, which formally prevailed among the country population, of allowing themselves to be bled periodically, during the spring and autumn, medical men being then not so abundant as now: often would patients travel over a distance of fifty miles, in order to undergo this operation; and their blood, he recollected distinctly, almost always wanted their due proportion of red particles.—Dr. A. T. THOMSON had no doubt that in every case of anemia, there was, more or less, a deficient supply of the solid and nutritive parts of the blood. This, however, was remedied by the exhibition of a tonic course of medicine. In Vienna, experiments of peculiar interest had been made upon horses, which were worth alluding to. Several of these animals had been fed upon food containing different quantities of *iron*; and, in the exact ratio of the quantity eaten, that is, of the iron detected in the blood, was the amount of red colouring particles. Taking all the circumstances, therefore, into consideration, what treatment would he pursued in the case of a person labouring under anemia—whose general countenance was sallow, whose lips were pale, whose tongue was unhealthy, whose pulse was small, whose bowels were disordered, and who was seized with a general languor?—Certainly not such a one as would have a tendency to lessen the quantity of fibrine and of nutritive matter; but, on the contrary, such as promoting the assimilative process, would augment the crassamentum. Among many valuable remedies, iron was, without doubt, the most efficient. He (Dr. T.) had not unfrequently found *phthisis* to be an attendant on anemia—to exert all its deadly influence at the same time with the latter malady. In these cases, the heart was diaphanous, the muscles all feeble and pallid, a natural consequence of a deficiency of the red particles of the blood; and, whatever chemical aids might be called in, this state of the blood would be only the more unequivocally demonstrated. A great distinction, however, must be drawn between anemia, properly so called, and those disorders to which it assimilated.—The CHAIRMAN here inquired of Dr. Thomson his definition of anemia, stating, that he was led to make this inquiry, from that disorder having been considered in three senses:—first, as arising from a deficiency of the fluids, and a deterioration of the solid parts of the body;—secondly, as being occasioned by a disproportion of red particles to serum; and thirdly, as being merely a general paleness of the surface of the body.—Dr. THOMSON proceeded to say, that the appearances just alluded to were not the cause, but the *symptoms* of anemia. The constituent particles of the blood being altered, an alteration of the solid portions would in proper sequence follow; their tone would be destroyed, and the secretions would become defective; hence it was that chlorosis so often accompanied anemia. In short, this disease depended on a want of nervous energy, as well as on a disordered state of the circulation.—Dr. CHOWNE thought that the terms *anemia* and *hyperæmia* might be used with great propriety, to distinguish the two conditions under which the disease in general occurred—whether from a loss, or a fulness of blood. He could not but opine that the blood was altered in anemia; but still, if chemistry proved the contrary to be the case, he would most readily forego his opinion. Dr. THOMSON reprobated the idea, that chemistry should be made to set itself up as omnipotent in the decision of every dispute relating to medicine. It was far from being so infallible a science as most people seemed to regard it. Why, there were medicines of which the equivalents, as given by different chemists, varied as from nine to fifteen!

ADVERTISEMENTS.

Shortly will be published, price 2s. 6d.,

A TREATISE on the MANAGEMENT of FEMALES during and after PREGNANCY, with Remarks on the most common Infantile Disorders.

By CHAS. H. RAWLINS, M.D., M.R.C.S.

Physician-Accoucheur to the Western Lying-in Dispensary—Lecturer on Obstetricy and Diseases of Women and Children, &c. &c.

In the first part of the work, the various complaints attendant on the pregnant state—with the signs of true and false, or spurious pregnancy, are treated.

In the second part the physical management and education of Infants; with the diseases occurring after delivery.

In the third part, the diseases of Infancy, with the best mode of treatment, and directions for the choice of the Monthly Wet-nurse, &c.

London: H. Balliere, Regent Street.

Now Ready, price 24s., in One very large 8vo. Volume, containing upwards of 1,250 closely printed pages, cloth, lettered,

THE PRINCIPLES and PRACTICE of OBSTETRIC MEDICINE; comprising the Structure of the Female Generative System, the Process of Parturition in all its details, the After Management of the Puerperal State, the Physiology and Diseases of Menstruation, the Physiology of Conception, the Diseases of Utero Gestation, and the Diseases of Children. By JAMES BLUNDELL, M.D., late Professor of Obstetric Medicine at Guy's Hospital. Carefully revised and corrected, with numerous and important Additions and Notes, by ALEXANDER COOPER LEE, Esq., of University College, and NATHANIEL ROGERS, M.D., Member and late President of the Hunterian Society of Edinburgh, and Corresponding Member of the Medico-Chirurgical Society of Dublin.

*** This Edition of Dr. Blundell's "Principles and Practice of Obstetric Medicine," is the very best work on this subject in the English language. The celebrity of its author has procured, not merely a European, but even a transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present edition presents peculiar claims for the favourable consideration of the Profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former editions have been obviated; upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr. Butler's name is a sufficient guarantee for its being brought out in a most superior manner.

London: Joseph Butler, Medical Bookseller and Publisher, No. 4, St. Thomas's-street, Southwark.

Just Published, post 8vo., price 1s.,

GNIHTONTUOBAODAHCUM, being a Series of *Bulletins*, of a kindred spirit to those of which "Sir Henry Calf-ord," eternal President of Magog's College, Pall Mall—" is the *great master*," and likewise a succession of Reports, having a similar *concise and explanatory* tendency to those of *Report-mongers* in general, from the most puissant Times (not the Medical) to the most chaste Satirist.

James Pattie, 4, Brydges Street, Covent Garden, London, and sold by G. S. Cattemede, 17, Ratcliff Highway.

MEDICAL RETAIL and PRACTICE for disposal, £300, including Drugs, Fixtures, Fittings, &c. It affords a good opportunity for a Young Man to commence Practice, being in a very populous Neighbourhood. Apply to Mr. Brown, Stationer, Blackmore-street, Drury-lane.

TO SURGEONS, CHEMISTS, &c.—WRAY'S IMPROVED SUSPENSORY BANDAGES, manufactured at 115, Holborn Hill. Recommended by the late Mr. Abernethy for their excellent adaptation. Wholesale prices for Cash only. Discount 10 per cent. allowed. Jean, 12s. per dozen: ditto, ditto, with Fronts, 1*l.* 16s. per dozen; Wove or Knitted Silk, 1*l.* 7s. per dozen; ditto, with detached Bandage, 1*l.* 16s. per dozen; India Dimity, with real China Net Silk Purses, 2*l.* 8s. per dozen; ditto, ditto, with Elastic Springs, 3*l.* 12s. per dozen. Steel Spring Trusses for Hernia properly adapted. Laced Stockings and Knee Pieces. Ladies' Umbilical Belts, Bandages, &c. Spine Supporters. Gentlemen's Riding Belts, &c. &c.—Professional Gentlemen can be supplied with articles of the above description, adapted for all Surgical purposes, on the shortest notice.

To Medical Officers—Shipowners—Governors of Charitable Institutions, &c.

R. S. RAWLINS, Shipping and Surgeons' Druggist, No. 15, Great Russell Street, Covent Garden, has a most extensive assortment of Medicine Chests for all Climates—fitted up to meet the wants and necessities of Medical Officers afloat and ashore, Travellers and others.

Shipowners will find it to their interest to inspect R. S. Rawlins's Stock, and Governors of Dispensaries, Infirmaries, and Hospitals may have the best drugs at the lowest prices.

TO THE MEDICAL PROFESSION AND THE PUBLIC.

J. READ begs leave to inform the Medical Profession, that from the time he first invented the STOMACH PUMP and ENEMA INSTRUMENTS he has spared neither labour or expense to improve them; he can now warrant them superior and more durable than any hitherto made. They are never liable to be out of repair, and may be sent to any part of the globe, as the tubes will stand the test of any chemicals or the hottest climates, a desideratum long wished for, but not obtained. The above are well worthy the attention of Merchants or Gentlemen travelling. None are genuine except stamped with the words "Read's Patent."

Manufactured by the Patentee, 38, Regent Circus, Piccadilly, where they may be seen and proved, with other valuable inventions that have never yet been before the public. May be had also of Mr. Pepy's, Poultry, and of the most respectable chemists in town and country.

N.B.—A liberal discount allowed to the trade and for exportation.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c.—Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, New and Second-hand, at C. JOHNS' Medical Fixture Warehouse, No. 157, Drury-lane, one door from Great Queen-street.

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued, Estimates given, and Shops and Surgeries fitted up in Town and Country.

A. F. HEMMING, 341, STRAND, nearly opposite Somerset House, begs to call the attention of the Medical Profession and the Public to the following, among many articles of his manufacture, as being far superior in quality, and at considerably lower prices than those generally made—viz.,

Trusses of all Descriptions, either with or without his Improved Self-adjusting Aërated Pad,
Elastic Lacing Stockings,
Knee Caps,
Riding and Abdominal Belts and Spine Supporters,
India Rubber Surgical Webbing for Bandages,
Enema Instruments,
Breast and Stomach Pumps,
Elastic and Glass Syringes,
Hearing, Chemical, and Gas Tubing;
Suspensory Bandages, &c. &c.

A Female is always in attendance to wait on Ladies.

Many Scientific and Medical Gentlemen have signified their approbation of the Chunk Patent Stove.

EXPERIENCE has proved there is not a situation, in which any Stove could be made to answer, that the CHUNK PATENT STOVE may not be placed in to act satisfactorily, at a less cost and with much less inconvenience than any other, with the certainty that it will merit approbation. An extraordinary large quantity of the Chunk Stoves have been sold, and upwards of one thousand of them delight their possessors, by producing the most salubrious warmth ever yet obtained. It is possible, out of the immense quantity which have been sold, some may have improperly fixed; the Stoves would them, no doubt, be blamed for not acting, although the fault does not rest with them, but in the fixing. In such cases (if there are any) application should be made to Messrs. RIPPON and BURTON for proper directions, which are very simple, and, when attended to, the Stoves are certain to give the same satisfactory proofs which they have already given in upwards of one thousand instances; that they far excel all others in point of simplicity, safety, cleanliness, comfort and economy. To prevent that delay from being experienced, which with much regret Rippon and Burton acknowledge many have been subjected to, arrangements have been made for manufacturing five hundred Stoves weekly—the orders will, therefore, be executed with much greater dispatch than hitherto. Price for cash with order, at the Manufactory, 18, Wells-street, Oxford-street:—Plain, 60s.; Fluted, 70s.; Ornamented, 90s.; Packing, 2s. 6d. They may also be had of every respectable Ironmonger in the kingdom, at 65s., 75s., and 95s.; but, as there are many Ironmongers whose interest it is to recommend other Stoves, which they have in stock, the Public are advised to seek the opinion of those who have the Chunk Stove in use, references to whom, in almost every part of England, will be furnished by RIPPON and BURTON, the sole Proprietors.—Wells-street, Oxford-street.

THE ANTIGROPELOS.—MR. WARNE, Patentee of the "ANTIGROPELOS," begs leave to solicit the attention of Noblemen and Gentlemen to his unrivalled Invention, by the use of which they are enabled to walk or ride, in the dirtiest weather, without soiling either their boots or trowsers. They are put on and taken off without trouble, worn without the slightest inconvenience, and cleaned in a minute with a wet sponge, while the elegance of their appearance renders them an ornamental appendage to the out-door costume. In soliciting an inspection of this highly useful Invention, the Patentee feels confident that he is enabled to offer what has long been a great desideratum in the fashionable world, as the inconvenience and unpleasantness of walking or riding in wet or dirty weather, which, in a climate so variable as England, generally prevails for nine months in the year, is too well known to need comment. The lightness and elegance of this Invention, and the easy accomplishment of the object sought, can only be appreciated by trial or inspection, at the Establishment of the Patentee, T. WARNE, 9, Henrietta Street, Covent Garden.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variations of temperature, adapted to any climate, and equal to the best Chronometers in performance. Their double and lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 30 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

THE MEDICAL TIMES.

TO ADVERTISERS.

The Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements addressed to the reading and wealthier classes. Its low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large portion of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. The PERMANENCY DERIVED from its PROFESSIONAL and SCIENTIFIC CHARACTER, and the CIRCUMSTANCE of the ADVERTISEMENTS BEING CONTAINED in the BODY of the WORK, and their not being inserted on a TEMPORARY WRAPPER, renders it, as a medium, at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2s. and 3s. 6d. each; upon the express condition that should any quality thereafter purchased of us at 18s. per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price Lists of the various kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.

HENRY BRETT and CO., Old Furnival's Inn, Holborn.

COMFORT FOR TENDER FEET, &c.
WELLINGTON STREET, STRAND, LONDON.

HALL AND CO.

PATENTEES OF THE PANNUS CORIUM, OR
Leather Cloth Boots and Shoes,
FOR LADIES AND GENTLEMEN.

These articles have borne the test and received the approbation of all who have worn them. Such as are troubled with Corns, Bunions, Gout, Chilblains, or Tenderness of Feet from any other cause, will find them the softest and most comfortable ever invented—they never draw the feet or get hard, are very durable, adapted for every Climate—they resemble the finest Leather, and are cleansed with common Blacking.

THE PATENT INDIA-RUBBER GOLOSHES

Are Light, Durable, Elastic, and Waterproof; they thoroughly protect the feet from damp or cold; are excellent preservatives against Gout, Chilblains, &c.; and when worn over a Boot or Shoe, no sensible addition is felt to the weight.

Ladies and Gentlemen may be fitted with either of the above by sending a Boot or Shoe.

Hall & Co's Portable Water-Proof Dresses
FOR LADIES AND GENTLEMEN.

This desirable article claims the attention of all who are exposed to the wet.

Ladies' Cardinal Cloaks, with Hoods ..... 18s.
Gentlemen's Dresses, comprising Cape, Overalls, and Hood 21s.

The whole can be carried with convenience in the Pocket.

A variety of Water-Proof Garments at proportionable Prices.

Wellington Street, Strand, London.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 22. Vol. 1. LONDON, SATURDAY, FEBRUARY 22, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

DR. KNOX, PROFESSOR OF ANATOMY, EDINBURGH.

We will now select from our biped menagerie a specimen from the Northern capital, and we beg the attention of our readers while we place before them one of the lions of our collection. Stand forth Robert Knox, and behold thyself mirrored in our page. Thy name shall live in the future, and we will hand the scutcheon of thy fame to posterity.

It must now be well nigh half a century since first, in compliance with the vagaries of Providence, or perhaps immutably destined *ab initio* as a plague to the learned professors of Auld Reekie, Robert Knox was propelled into this chaos of humanity. An imp of mischief, even from his cradle, he passed a boisterous and reckless boyhood, and in time became the bully of the High School, where, outstripping his competitors in knowledge, and thrashing them mentally and corporeally, he gave indications of his future career, verifying the adage, "the boy's the father of the man." As time rolled on he was inducted into the medical profession, and the restless and enterprising spirit of youth pointed out the army as the fittest arena for his professional employment. In the military service he remained some time, but we do not deem it necessary to detail the circumstances which led to his retirement, nor shall we inquire what laurels he acquired in the service, but we doubt not that he proved himself no less a *man of gallantry* than he has done in later days. When he returned from foreign service to the land of his birth, he at once commenced his career as a teacher, becoming assistant to Dr. Barclay, at Old Surgeons' Hall, about the year 1825: in this duty Liston was associated with him. After some time he succeeded to Dr. Barclay; and seldom has professor's mantle fallen on one who has worn it with more credit to himself, or advantage to others. He soon attracted notice, and became popular; and though *circumstances* may have temporarily interfered with his success in a pecuniary point of view, yet he has from the commencement been steadily pursuing the onward course to his present eminence, as a teacher and man of science.

Dr. Knox is by no means unconscious of his own merit, and has sufficient of the sterner stuff of human nature in his composition to enable him to turn his self-approbation to the best advantage. There is no man in Modern Athens who *commands* respect more than Robert Knox does. If he is hated by many of his contemporaries, which we must allow, he is feared in ample proportion. Many a cur would snarl—many an ass would kick—if they dared, but they dread the caustic invective—the withering sarcasm—which has made more than one object for the mocking finger of scorn to point at, and has achieved the all but miracle of making some individuals sensible of their intrinsic littleness. No one ever provokes our hero to encounter but rues the deed. Sir Charles Bell is the only man whom Knox appears to agree cordially with, and at all to look up to. They often hunt in couples, and more than once have we observed the two partisans of the Royal Society of Edinburgh, or the Wernerian, chuckling together after they had been making combined onslaught in the wordy warfare. It will not readily be forgot by those who were present at the discussion on the subject of salmon, when Messrs. Stark and Traill ventured to attack Knox: for our own part, we deem they were on the right side of the argument. Awhile they made themselves merry in the idea of having the ascendant. Poor devils, they little knew the storm that was brewing over their devoted heads. Knox first preserved a rigid silence; but when he did rise, all argument was vainly opposed to his wrathful eloquence. He overwhelmed them with abuse and sarcasm, delivered in the quietest manner imaginable. He informed Mr. Traill, that "however well his philosophy might suit the Orkneys" (of which Mr. Traill is a native), "it would not do for Edinburgh." He ridiculed, most unmercifully, some fish-ponds which had been formed for experiment, and about which, he observed, "some people appeared *Stark* staring mad." He concluded a powerfully bitter, but casuistical speech, by begging to take leave of all such superficial dabblers in science as maintained the contrary opinion to his own, and assuring his opponents that he had not the slightest intention of hurting their feelings.

Methinks we see you now, Robert Knox, in thy lecturing theatre, the true scene of thy glory. Reader, behold our friend! A man of middle size, with a face far from handsome, for whatever its original intention might have been, small-pox has done its work, leaving a surface as though Old Clootie had been shying peas at it; but this you do not think of when you regard the partially bald and singularly intellectual head. Nor do you much notice the loss of one eye, for in the remaining luminary intelligence beams forth with more than double power. The eye was lost in trout-fishing, a sport to which our friend is devotedly attached. Look at his careless attitude; he handles the subject on which he speaks quietly—unostentatiously—but with such perfect mastery, that it seems a plaything in his hands; but when he becomes interested in his subject, he enforces the attention of his hearers, carrying them with him, and inspiring them with interest, despite of themselves, so that few leave the lecturing theatre but acknowledge him to be superior to his fellows.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

SCROFULA.—COMPARATIVE EFFECTS OF RESIDENCE IN TOWN AND COUNTRY.—GOUT AND RHEUMATISM.—GOUTY AFFECTIONS OF THE EYE.

In a great number of scrofulous subjects tonics are altogether inadmissible. There are many individuals labouring under affections of this character who will not bear them in any shape at all, and seem to be rendered worse by the use of tonics, under whatever form or circumstances they may be employed. I should have spoken to you in my last lecture of the importance in cases of scrofula of residence in pure air; in fact, this alone, in many instances, is capable of doing more towards mending the state of the system on which such scrofulous disease depends than anything we can do, either by external applications or internal remedies. It is in vain, in fact, in many cases, to attempt to relieve diseases of this kind while the patient remains in large towns, in crowded dwellings, and in confined situations; but as soon as they cease to do this, and get into pure country air, the diseases which we had been attempting to remedy, but ineffectually, will get well of themselves. This kind of benefit is more particularly seen in inhabitants of large towns who have removed to the sea-side; and thus it is popularly known that the air of the sea-side is of great advantage in the treatment of this complaint. We are not, however, to suppose that the sea-side air has a specific influence over scrofula: it has not. Scrofulous disease will arise in individuals who were born and have always lived in such situations; nevertheless, the advantages of the change to those who have lived in large towns, more particularly the peculiar tonic or bracing effects of the sea-air, produce so great and beneficial a change, that in many instances the worst forms of scrofulous disease experience very marked benefit, and get well rapidly, simply by the change of air, without being accompanied by internal medicines or external applications. I have sometimes been surprised at finding even medical persons inclined to question the advantages that are to be derived from pure air, either in scrofula or cases of other descriptions. The benefits seem to me to be so great and unequivocal that I am at a loss to understand on what ground there can be a doubt entertained on the subject. But I have sometimes heard it stated in explanation of this doubt that the air, when analysed chemically, presents the same elements in all the varieties of situation. This of course will be readily admitted, but probably there is something besides the mere properties of element and atmosphere capable of acting favourably or unfavourably on human health. I can only say, that after being some time in London, and passing only twenty-four hours in the country, it makes me feel so different—I feel so manifest an accession of health, that I cannot doubt the effect; and as I have often opportunities of seeing the advantages arising from pure air in patients labouring under considerable diseases, I have no hesitation in ascribing great efficacy to it. Some years ago I had an opportunity of seeing, in a family that I am acquainted with, the marked effects produced by change of air, and the circumstances of the case were such as to induce me to mention it to you particularly. The family consisted of a gentleman and his wife, both of whom were elderly persons, and about nine or ten children, who had lived for a great number of years in the neighbourhood of London, towards the northern part, but not in town, and both themselves and their offspring had had invariably good health. There were those marks about the children that would lead you to

suppose that they were rather of strumous constitution, yet they suffered no decided form of strumous disease; and I believe, though the family consisted altogether of about eleven individuals, they contributed very little to the support of our profession. The eldest son had all the marks of a strumous affection of the glands of the neck, and when he got older he contracted the venereal disease and had a bubo. This was very troublesome, and just enough to make the constitutional disposition of the family known. It happened that circumstances connected with the professional pursuits of the parent induced him to leave that situation, and take up his residence in London, in a close and confined part of the town. Within two years a marked change took place in the health of his family. In the first place a young child died at the age of about three years; it had been previously healthy, but became ill soon after the father removed; it had strumous ophthalmia, and a tumour of the lower eyelid, with a formation of abscess in the lid; it had an undefined kind of indisposition, that sometimes affected the head, sometimes the chest, and sometimes the abdomen, and at last it died with symptoms of a severe attack in the chest. On examining the body I found excessive ulceration of the mucous membrane, and a considerable enlargement of the mesenteric glands, with tubercular disease of the lungs. Another infant died at the age of six months. The eldest daughter of the family, a remarkably fine beautiful young woman, at the age of seventeen, began soon after the family removed to town to have uneasy sensations about the chest, then an attack of inflammation took place, and this ended in consumption, of which she died. The father, a person who had enjoyed good health, and who lived regularly, had a severe attack, of an inflammatory character, in the bowels. All this took place within two years in the same family, while in the whole preceding period of their residence in the neighbourhood of London, during which they had nine children, nothing of the same kind took place. This gave a warning so impressive that the parents could not but observe it, and they determined upon going out of town again.

GOUT AND RHEUMATISM.

Gout and *rheumatism* belong to medical rather than to surgical courses of lectures; however, as the morbid states which are designated by these terms are chiefly known to us by producing local disease, and as in our capacity of surgeon we often have to treat cases in which the disease is considered of a gouty or rheumatic nature, we cannot properly and entirely omit the subject in a surgical course of lectures. We are naturally led to inquire what is the real nature of the disease in those cases which are called gouty and rheumatic? Whether the inflammation of the joints, particularly of the fibrous and synovial structure of the joints, to which the name gouty and rheumatic inflammation is given, whether this be essentially different from the common diseases of the joints? Whether the treatment be the same in the two cases? Whether persons of gouty or rheumatic constitutions be liable to the consequences of that peculiar inflammation in other parts of the body as well as in the joints? These are questions of consequence that naturally occur to us, so that the subject perhaps will be best elucidated if we take up the consideration of some part which may be liable to the different varieties of disease—the joints of the body for example. The knee may be the seat of common inflammation, or it may be the seat of that kind of affection which is denominated gouty or rheumatic inflammation. Under all three of these circumstances—that is, whether the joint be the seat of common, or gouty, or rheumatic inflammation, we find that its functions is suspended; that the motions of the part are impaired; that it is more or less painful; and it is usually in some degree red and hot. These are circumstances which are common to the affection in all the three instances. There may be a difference in the degree of these symptoms, but such differences are not very constant; at all events they are only differences that consist in modification, or form, and are not essential differences in nature. Indeed, we may assert, that if we look to the local symptoms generally, we shall not be able to establish the diagnosis; we shall not be able, by referring to the local symptoms, where there is swelling of the knee, to tell whether it is common inflammation, or gouty, or rheumatic inflammation; yet when we come to survey all the circumstances belonging to the case, we find immediately that there is a difference in the progress, and in the treatment of the affection in the three instances. Common inflammation is produced by mechanical injury of the joints, and this acts on individuals under all circumstances; whatever may be the age, or other condition of the individual, a mechanical injury, to a certain amount, will produce inflammation in the articulation. In rheumatism we see that the affection is produced by the action of cold immediately on the part itself, or on some other part of the body, or by some other external influence; but that these external agencies do not produce the affection invariably in all individuals; they only produce it in certain cases. Cold, or other external agency, may be applied to a great number of individuals, but it will only produce a rheumatic affection of the joints in some proportion of those persons. You require, therefore, for the production of rheumatism, the application of some external agency; and, at the same time, a particular constitution, having a disposition to the complaint. In gout we see the affection arising without the application of any external cause at all; in fact, gouty inflammation will come on in a joint, and frequently does so in the middle of the night, when the patient is quiet in bed, and where no external cause of disease can be applied; so that here we look simply, in explaining the phenomena, to a certain morbid state of the system of the individual in whom the inflammation takes place. Here the affection of the joint does not arise from direct agency upon the part itself; the local affection is rather the external appearance of some inward or more general affection. So far, then, as the cause goes, you see an obvious distinction between the three cases. *Common* inflammation is the general result of local agency upon the part; *rheumatic* inflammation requires a certain external agency, combined with a predisposition of constitution; and *gouty* inflammation is the result simply of a morbid state of the constitution, without any external cause.

In COMMON INFLAMMATION there is a regular progress of the affection—it goes on uninterruptedly. The symptoms are at first slight, they become more considerable, and the disease gradually increases to a certain extent—to its obvious and full development. It remains for a certain length of time in a state of full activity; it then gradually declines, goes off, and leaves the patient without any liability to a future attack of disease.

In RHEUMATIC INFLAMMATION, on the contrary, the affection is speedily developed in its full amount. The joint is swelled, excessively painful, and becomes at once fully inflamed. Very soon after it appears in one joint, the affection will show itself in another; so that you will not have it long confined to one spot. The disease suddenly ceases in the part where it has first appeared, and at the same time it will appear in others. It will cease in the part, and perhaps again return to it; and after the affection is gone, the patient will be very liable to future attacks of a similar kind. But the sudden development of the disease in its full extent, its sudden and abrupt cessation, its extension to other joints, and its affecting several of them at the same time—these are circumstances that particularly characterize an attack of rheumatic inflammation.

In gouty inflammation, the disease, as in the rheumatic affection, possesses its full character at the first onset of the affection. The commencement of the attack is characterized by severe pain in the part; this increases to a high degree, and then gradually declines. The patient becomes comparatively free from pain, but within a short time the pain again commences, and again goes through its several stages. The attack of gout consists of a series of paroxysms, which, after a time, diminish in intensity, and then disappear. Here, as in rheumatism, the complaint often abruptly ceases in one part, while it extends to other joints, after which the joints that have been the original seat of it may again become affected.

In the case, then, of common inflammation, we have nothing to observe but the immediate development of inflammation in the part, consequent on a local cause; but in the case of rheumatic or gouty inflammation, we have the local inflammation—that is, the affection of the part, and we have something else superadded to it; and the main object of the inquiry is to find out what is the nature of the additional circumstance which distinguishes gouty or rheumatic from common inflammation of a joint. Now we find that a person who labours for the first time under a gouty attack, is almost invariably in a state of unnatural fulness of habit—that is, his constitution is in that state which is produced by excessive nutrition—the result of luxurious habits and indolence. Gouty inflammation takes place particularly in individuals who are of a sanguine temperament, and in those of robust habit of body. Generally speaking, it takes place in the higher classes of society—at all events, in those whose situation in life gives them the power of indulging in sensual gratifications and indolence; for where persons possess no means of indulging their appetites, and are obliged to work for their sustenance, they very generally escape attacks of the gout. At the time when a gouty attack takes place in a joint in the first instance, we shall find that the patient has a full, strong pulse; that there is considerable heat of surface; that there is a white tongue, a state of costiveness and disorder of the digestive organs—that is, that those circumstances are present which indicate a plethoric condition of the system; a state of plethora, from excess of nutrition. We cannot say that the symptoms in such a case depend simply on a disorder of the digestive organs, though such disorder is worse at the time—in truth, the development of that state of the system which seems to give a disposition to gout, requires a sound and active state of the digestive organs. It is necessary that a person should have a good stomach, capable of digesting a great deal, and that the stomach should be active, in order to assimilate the large quantity of new aliment that is introduced into the system—the excess of supply which constitutes the state of plethora in gout. If the stomach be feeble, and easily disordered, the existence of the state of plethora is precluded. You will find, therefore, that the persons who are the subjects of gout are those that have very strong digestive powers, and that have the means at their command of taking large supplies of food. Now the state of plethora that I have just mentioned will commonly be attended, when it comes so far as to produce disease, with more or less disorder in the digestive organs; and the attack of the gout is generally preceded by symptoms of that kind. You find, before the attack, that it is common for the person to feel remarkably well; and during the day preceding the night in which the attack comes on, in general the patient feels very comfortable—so that we cannot by any means regard the disorder of the digestive organs simply as the cause of the phenomena of gout; although disorder of the digestive organs is likely to be one of the circumstances which will exist in conjunction with the state of plethora which gives a disposition to gout. I may observe, that these symptoms of disorder in the digestive organs are for the most part relieved, as the general state of the patient is, by the attack of gout—that is, the occurrence of gouty inflammation in some joint or joints of the body relieves the system of that plethora under which it previously laboured. Now I speak of the condition of a patient when he first becomes the subject of gouty attacks; for when these attacks have been repeated—when a great part of the joints of the body have been over and over again inflamed in gouty persons—when a person has suffered for a great series of years from successive attacks of gout—and when such person has experienced that depression from the attacks which frequently comes on in gout, (undoubtedly the power of the system is reduced by the disease, and also by the advance of years)—the state of such a patient is different from that I have mentioned. You do not now find the circumstances denoting active plethora which your did at the commencement of such attacks;—you will find a state of deficiency in the various excretions; and this accompanied, perhaps, by a degree of languor

in the general action of the system, and with a state in which there seems hardly power to form gouty paroxysms. But in order to understand the real nature of the affection, we must direct our attention to the period when it commences. At a more remote period, there is a mixture of that state of the system which produces gout with the local disease which affects the different organs of the body—so that the real nature of the complaint becomes obscured. Now we can have little difficulty in pointing out what should be the proper mode of *treating* such an affection. The disease in the part itself is by no means the most important circumstance in the case; it is rather one of secondary consequence—therefore the main object will not be in this case as in one of common inflammation produced by injury, to employ those local means for reducing the inflammation that would be proper if the local inflammation were the principal circumstance to be considered. Generally speaking, we may almost neglect the consideration of the local affection under such circumstances. The local affection indeed, in cases of gout, may be considered as a kind of means adopted by nature for relieving the system of that state of plethora in which it was previously found. The local affection is a sort of safety valve to the constitution, by which the diseased action goes on without danger; and the local affection finally carries off the complaint, which might otherwise show itself in more important consequences. Warmth, therefore, and rest, are the principal considerations in treating the local affection in gout, if it remain within moderate limits; but if it go beyond this, we may employ leeches to the part, warm fomentations, and so forth. But our attention should be principally directed to remedy the state of plethora from which the local symptoms are derived; therefore, under such circumstances, we should take blood generally, purge freely, administer calomel and antimony in conjunction with other aperients, and put the patient on low diet. After the employment of venesection and the exhibition of low diet, we derive great advantages from a remedy that is of recent introduction—namely, colchicum. This remedy commonly acts on the bowels, frequently produces perspiration, and lowers the pulse. It is given in various forms—either in the shape of powder, the powder of the bulb dried, or a kind of vinegar, formed of the same part of the plant, or of the seeds; perhaps the latter is the most certain, the most infallible in efficacy, and on that account to be preferred. Now this remedy has so beneficial an influence in cases of gouty inflammation, that many persons consider it a specific; they regard it as possessing some peculiar power of removing those effects which gout is capable of producing.

Such are the means by which the condition of the symptom which gives origin to the gouty attack in the part may be removed. The more important consideration perhaps is, what means can be employed to prevent the recurrence of such attacks? for if those habits of living, which, in the first instance, have produced a state of plethora be continued, you can have no doubt that the individual will be the subject of future attacks of gout; that these will become more and more severe, extending to a greater number of parts of the body, and ultimately reduce the patient to a state of suffering in which life perhaps possesses little worth having. Now there are two modes which persons may take to free themselves from this condition of the system, and unless they adopt these two courses, they will not succeed in the object. The two means are *temperance* and *exercise*. Persons must be contented to work hard, and to live very moderately; they must, to use a common phrase, "keep their eyes open, and their mouths shut;" if they do not this, they will continue to suffer from gout. Now the truth is, all mankind like to have sensual gratification; they wish to have the power of indulging their appetite;—to eat and to drink, and to take other gratifications, leading indolent lives, and yet they want also to have health. They want to have two things that are incompatible: but people must be reasonable; they must determine which they will have: they may have good eating and drinking with bad health, but if they would have good health, they must abandon the other. The truth is, persons wish us to give them the means of having health, while they pursue these gratifications. We can give them their choice of these, and if they will continue eating and drinking, and bring on the gout, we can, to a certain extent, alleviate their sufferings when they arise; that is, we can *treat* the case so that the patient can go on a little longer. But if we speak of the *cure* of the gout, I know only one alternative; the state of system that renders a person liable to these attacks must continue, unless he will be temperate in his living and active in exertion. I know no other means of accomplishing the object except these. Now it is a question whether we are to confine our notions of gout simply to its effects on the joints of the body, or whether we are to consider that other organs, other textures, are liable to inflammation that we should call gouty? When we see that gouty attacks consist in a condition of plethora, a state of overfulness, we understand that a person will be liable to attacks of inflammation in other parts as well as the joints. We find that individuals who are subject to gout, have inflammatory attacks in the head, or chest, or abdomen. We not unfrequently find, when the disease suddenly ceases in the joint which is the subject of gout, that it shows itself in some of the internal parts, and this is a very powerful reason against adopting any violent measures for putting a stop to, or repelling gout when it appears in the external parts of the body. The tendency which exists under such circumstances to the establishment of serious inflammatory disease in some important internal organ, has shown the propriety of attending to this point. Hence, according to common sense and reason, you will not judge it expedient to adopt measures of that kind; you would rather bear the evils of a gouty attack when it is seated in the extremities, than run the risk of repelling it, and of having the disease appear in more important parts. Now when disease takes place in gouty individuals in these internal parts, it has all the same symptoms which would characterize common inflammation occurring in those parts. There are no external signs by which we can distinguish a gouty attack in the head, chest, or abdomen, from other diseases in these parts; and when we come to examine the individual after death, we are not able to distinguish gouty inflammation as it shows itself there, from inflammation occurring from other causes. There is, however, one instance in particular, in a part that is comparatively external, in which we see the peculiar character of inflammation produced in gouty individuals; namely, the iris of the eye. That is a part liable to inflammation in persons of gouty constitution, and the inflammation that occurs in the iris exhibits some peculiar characters which enable us to distinguish it from other inflammatory affections of the part. I will relate a case to show you, that that texture, like the joints of the body, may be the seat of repeated attacks of inflammation, ending perhaps in its disorganization in individuals of gouty constitution. I was consulted some time since by a gentleman, forty years of age, a stout person, of sanguine temperament, fair complexion, with rather light eyes, and the history of the gentleman's case was this:—He had lived a luxurious and dissipated life at Oxford, drinking freely of port wine. At the age of twenty-two he had a severe attack of a kind of gout, that is, a painful affection of the joints and other parts, which lasted several months. This induced him to leave off port wine; but he has always enjoyed an excellent appetite, and has been in the habit of eating largely, and drinking freely of beer. He has had ten attacks of inflammation of the right eye, and the left has suffered on two occasions: at one time the inflammation occupied three years, and at that time he had some swelling in the right-hand: with this exception, he has not suffered in the joints or limbs since his first illness. Now, in the right eye, in which there were so many attacks of inflammation, the iris was changed in structure, so altered that you could hardly recognise the natural texture of the part, and vision was nearly extinct. Here you see the cause which produced that state of the system on which the disease depended.—I performed an operation for cataract on a gentleman who had lost one eye entirely, in consequence of inflammation of the iris, and he had an attack in the other, in consequence of the same affection. This was a gentleman, fifty-five years of age, of fair complexion and sanguine temperament, and who had passed several years in the West Indies, and lived there freely, usually indulging in spirits. He had suffered greatly from gout affecting the joints of both hands, which were swelled and knotted in a remarkable manner, so as to destroy their natural appearance altogether. (This is a circumstance that occurs when gout is frequent in the joints:—there is a deposition which is called chalk: although it is called chalk, it consists of urate of soda and phosphate of lime, and is peculiar to gouty inflammation, though not an essential part of the process; indeed in the early stages you will not find this deposition;—it forms in the fingers, where there are rough lumps, which present an unnatural appearance.) The pupil of the lost eye was nearly closed, and there was opacity of the capsule of the lens. Being unwilling to operate on account of the gouty inflammation, I recommended him to use belladonna, which he did, and I at last operated by his wish rather than my own desire. The gouty disposition was so strongly marked in both eyes, and he suffered so much from gout, that I thought the operation would bring on gouty inflammation again. He lived low for several weeks, and took Plummer's pill and purgatives. At the time of the operation I broke down the capsule, and destroyed the lens in that situation, and fortunately no inflammation followed, yet the state of the pulse made me bleed him five times after the operation. In about two minutes the operation was completed, and he had perfect vision. I remember he mentioned to me, when asking him about the state of his fingers, that of late years, though he had suffered from the gout, he had now got a perfect remedy, and I found that to be colchicum. Whenever he had any symptoms of the gout, he took a few doses of colchicum, and he found that that prevented the occurrence of the attack.

In RHEUMATISM we find the state of the constitution in some measure analogous to that of gouty persons, though not altogether similar to it. The occurrence of a rheumatic attack is preceded by symptoms of indigestion and fever. That state of the system occurs frequently before the joints swell. The swelling of the joints is accompanied too in this case with considerable febrile disturbance of the system, which is not to be regarded simply as a sympathetic effect of local disease; for the local disease and the febrile disturbance appear in a great measure independent of each other. Sometimes the fever subsides, and the rheumatic affection of the joint seems to go on much the same. That there is generally a marked distinction in the state of the system in this case appears clear from the circumstance, that if you bleed a patient in the state that precedes rheumatic affection, or bleed him in the early period of the rheumatic affection of the joints, you find that the blood exhibits an inflammatory character—you have evidence that the state of the blood is changed, or there is something morbid in the system, that shows itself in the marked condition of the blood.

The *treatment* here, then, will consist essentially, in the early periods of a rheumatic affection, of the same measures that I mentioned to you as applicable to the treatment of gout; that is, you must attempt to remove the state of the system from which the rheumatic character of the inflammation is derived, and this is accomplished more by general means than by such as are directed to the state of the inflamed joints. The moderate loss of blood in these cases is advantageous; to which we add the employment of aperient medicines, light diet, and rest;—while the treatment of the part, as I have mentioned, in cases of gout, must depend in some measure upon the severity of the local symptoms. In some cases, local treatment alone is sufficient, without other means. You may employ local bleeding, fomentations, poultices, and subsequently blistering. In rheumatism, too, the administration of colchicum is very beneficial, though it does not exert quite so decided a power in controlling rheumatic, as it does in gouty affections. Rheumatism, certainly, we are acquainted with principally as it affects the

joints of the body. Like gout, it appears to attack chiefly the synovial and fibrous structure of the joints; but in common language, rheumatism is understood in a more extensive acceptation, and comprehends affection of the muscles and several other painful affections of parts not immediately connected with the joints, which perhaps ought properly to be ascribed to other causes. It may be a great doubt whether painful affections of muscular parts of the limbs, and painful affections occurring about the back, and many other situations, are properly to be considered as belonging to the same kind of disease as rheumatic inflammation of the joints themselves. It is probable that several of the latter ought rather to be placed under the head of neuralgia, or affections of the nerves, than to be regarded simply as cases of rheumatism. A continuance of the subject of specific diseases will lead us, in the next place, to the Venereal Disease, but I believe it will be better to defer the commencement of it till our next meeting.

SPIRIT OF THE MEDICAL PRESS.

APPEARANCES AFTER DEATH IN A CASE OF POISONING BY SULPHURIC ACID.

These are detailed by Mr. Alfred Taylor, in the Guy's Hospital Reports. The patient was 40 years of age—took about a wine-glassful of sulphurid acid—and died twenty-five hours afterwards. *Dissection.*—This took place three days after death. The body was stout, and well-formed; free from marks of lividity or ecchymosis. Decomposition had already commenced about the head and abdomen. There were no traces of the action of the acid on the exterior of the face and neck. The membrane covering the tongue and palate was white, soft, and thickened; on removing this, the parts beneath were intensely reddened. The membrane lining the pharynx and œsophagus was corroded throughout its length. It was of an ash-grey colour, disposed to longitudinal rugæ, between which a brownish-coloured liquid was interposed. The membrane was not particularly softened; it resisted the pressure of the finger. The epiglottis, and the parts about the glottis, had become affected by the acid; but the larynx itself had escaped.—On opening the abdomen, the stomach was seen lying collapsed; externally, towards the cardio, it was a deep-red colour, intermixed with black striæ. There was no perforation of its coats, which were pretty firm. The small intestines, especially the duodenum, and upper part of the jejunum, were inflamed. On laying open the stomach, it was found to contain no liquid, but a brownish-black pasty matter. This was washed off, and reserved for analysis. The mucous membrane was universally blackened; and raised into thick prominent cords or bands, which were disposed parallel to the greater curvature between the cardia and pylorus. Towards the pyloric extremity, the black discolouration, and with it the rugose condition of the mucous membrane, ceased. The coats of the organ were not perceptibly softened; and even the blackened parts resisted the pressure of the finger, having a hard corrugated feel. On stretching the stomach slightly, the black rugæ were found to be bordered, at the margin, with a deep crimson-red colour, from the inflamed mucous membrane beneath. This black discolouration was probably due, partly to the carbonizing action of the acid, and partly to its effect on the blood contained in the vessels of the mucous membrane.—The mucous membrane of the small intestines was inflamed, and the duodenum presented the same black discolouration as the stomach. The liver was of a deep livid colour, and congested. The lungs were of a dark grey, but not particularly full of blood. The heart, and large vessels connected with it, were much distended with blood, mostly in a coagulated state. The lining membrane of the descending aorta was of a bright scarlet colour. The other organs presented no appearance requiring notice.—The contents of the stomach, with the organ itself, were digested in water; and a deep brownish-coloured liquid was obtained. When the insoluble matters had subsided, this liquid was filtered and tested. It was faintly acid. It gave a precipitate with nitric acid, probably albumen; but there was not the slightest indication of sulphuric acid, either free or combined, on applying the usual re-agents. The poison had therefore become effectually removed by vomiting and purging; aided, perhaps, by the action of the magnesia, which had been freely exhibited.

CLINICAL LECTURES ON CANCEROUS OR MALIGNANT DISEASES,

DELIVERED AT THE RICHMOND SURGICAL HOSPITAL, BY MR. CARMICHAEL.

The next form of malignant disease to which I shall call your attention, is fungus medullaris, which is also designated by other names, as fungus hematodes, medullary sarcoma, cephaloma, cerebriform, or soft cancer, and fungoid, or spangoid disease; and I should think that this is the disease which Pott met with in the inferior extremity of a patient, and not knowing what name to give it, called it a "strangely distempered mass." There is also a similar structure, but of a dark or black colour, termed, therefore, melanosis, which we may consider under the same genus, particularly as nodules of the black medullary substance or melanosis are frequently found interspersed here and there through a mass of the white medullary fungus, which may always be considered a constitutional malady; for, although recourse has been repeatedly had to operation, there is scarcely an instance on record of permanent success from this measure. The disease may, indeed, be removed from the part operated upon, but is almost certain to re-appear afterwards in another. In two instances, in which I removed testes affected with the disease, I began to congratulate myself that there would be no return; but, in both cases, after suffering much ill-health, the patients discovered tumours in the cavity of the abdomen, obviously of the same character; but in neither had I an opportunity of making any post-mortem examination. Mr. Wardrop, in his essay on fungus medullaris of the eye, states that out of seventeen cases operated upon, by the removal of the affected organ, in one instance only the patient survived ten months. In the eighth volume of the 'Medico-Chirurgical Transactions,' are several cases of this disease detailed by Mr. Langstaff, exemplifying the universality of its attacks upon almost every organ of the body. In the second edition of my work upon cancer, published in 1809, is an account of the same disease in a gentleman who had those fungous tumours on his arms, legs, and testes; in fact, there was scarcely any part of the surface of his body unassailed. There was, however, no post-mortem examination to ascertain to what extent the internal organs were affected. The morbid mass, as its name implies, resembles the brain, particularly of young children, both in colour and consistence—sometimes it is of a brownish red, and when black, as you see in these preparations of the liver, and in these admirable drawings taken from patients who died in this institution, it is termed melanosis. It is divided into lobes by membranous intersections, and when taken out of the body its form is determined by a cyst or a distinct covering of condensed cellular membrane, in which respect it differs materially from scirrhous carcinoma. This morbid growth, which is medullary from its very commencement, may acquire a much larger bulk than any of the other malignant forms of disease, of which I have seen several instances, and you may read of many such in the works of Abernethy, Gooch, and others, in which are accounts of masses of this foreign substance, even rivalling in bulk the abdominal tuberculated accretion I have described. It is not always of the same consistence, for it is at first firmer than a healthy brain—afterwards it softens into a semi-fluid state, in which it is frequently mistaken for abscess, and an opening made into it; a mistake which is severely visited upon the character of the surgeon, for the bleeding fungus which succeeds, and the entire train of evils which belong to the disease, is attributed to this unlucky mistake; therefore, be on your guard. *This medullary fungus is, like pulmonary tubercles, impervious to injection, and like them first softens in the centre.* Its cyst is a mere condensation of the surrounding cellular tissue, and the same observation applies to the membranous septa which divide the mass into separate compartments. This may be understood by considering a large tumour of the description in question, as composed of smaller ones congregated and compressed together, each thus contained in its proper cyst. In melanotic masses, Breschet could only force his injections into this investing cyst with its membranous intersections. In the masses themselves he could find neither vessel, nerve, or fibre. With respect to the cause of the black colour in those masses, we only know that it depends upon a large quantity of carbon: for in Foy's Analysis, out of 100 parts, a principle, eminently carbonized, was found in the proportion of 31 and a fraction. But it is not a little surprising how extensively fungus medullaris may affect the liver, lungs, and other organs without being productive of much disturbance to the constitution, or any symptoms which might lead to a suspicion of its presence. I have seen the liver *frequently* studded with those medullary masses, and yet the patient had never complained of pain in the region of that organ, nor were its functions materially disturbed, a circumstance quite analogous to that which is observed in sheep, whose livers are extensively infested with fasciolæ hepaticæ, and, notwithstanding, the animal will appear in good health and condition. This can only continue until so much of the organ is encroached upon by those parasites, that a sufficiency does not remain for the secretion of bile; general ill health, and an extension of disease to other organs, must consequently, sooner or later, ensue with the usual fatal result. Fungus medullaris is a malady which may occur at any period of life, but is, perhaps, more frequently met with before the age of puberty. The external appearance of the tumour is smooth and equal, in general with enlarged veins coasting along its surface—its progress, though arising from some constitutional fault, is, however, often very slow. At length when the integuments become red, and ulceration follows, all resistance being removed, its increase is greatly accelerated; thus when it commences in the antrum highmorianum, or in the interior of the eye, and the compression of the bones in the one case, and of the sclerotic coat in the other is removed, it increases with a frightful rapidity. There are some peculiar appearances which this disease displays when it attacks the eyes, for although you may be unable to cure it, your professional character would indubitably suffer were you not competent to detect the disease at its first commencement. The pupil in this stage is widely dila-

ted and immoveable. The bottom of the eye presents a dark amber or greenish colour. This appearance, by degrees, approaches the pupil as the disease advances. The form of the eye-ball alters—the sclerotic coat acquires an irregular knobbed appearance, and assumes a livid hue—the cornea ulcerates, and the fungus protrudes. After this the malady makes a rapid progress, and there is no relief except in the death of the patient. I need not speak to you on the subject of medical treatment, for, as yet, no means have been discovered capable of averting the progress of this most inveterate form of the malady. [Mr. Carmichael here displayed a variety of drawings and preparations illustrative of the disease.] I shall now proceed to offer a few observations on cancer, which is also named scirrhus, scirrhoma, and carcinoma. All these terms, however, are meant to designate the same morbid structure. Some of the older authors, indeed, confine the term scirrhus to the disease before, and the term cancer or carcinoma, after ulceration. The cancerous structure has, in all its varieties, a considerable degree of density, or hardness, and is compared, in the different appearances it presents, to cartilage, to the mammary gland, to the pancreas, and, lastly, to the flesh of swine; and from these resemblances it has been termed cartilaginous, mammary, pancreatic, and lardaceous. But you will often find these different appearances in the same concerous mass, intermingled more or less with a considerable proportion of the medullary or brain-like fungus. In making a section of a cancerous tumour, and pressing it forcibly in your hand, you will find, in almost every instance, that medullary matter will be forced out in distinct spots on the surface of the section thus made, indicating that it is contained and encircled in the firmer cartilaginous substance of the cancerous mass. This foreign production, whether in the first instance medullary or cartilaginous, begins in a point, and extends from thence like radii from a centre; so that, without being contained in a cyst, it penetrates the neighbouring tissues, extending in that direction where it meets with least resistance. Without the advantage of accurate microscopic observation into the structure of this foreign morbid growth at the very commencement, the difficulty of obtaining which is obvious, we cannot say, with any degree of certainty, whether the medullary cartilaginous substance is the first production. But if it be granted that cancer is an animal fungus, possessed of independent vitality, I should, from analogy with the other entozoa, conclude that the medullary substance is the primary formation, and the true parasite, as all agree that it does not admit of being injected; but there is much difference of opinion respecting the admission of injection into the more firm cartilaginous substance, which forms intersections of the carcinomatous mass, and it in consequence exhibits an appearance that has been aptly compared to the section of a radish. Scarpa could not inject this structure, although the injection passed freely into all the surrounding tissues—others have tried it with as little success. I have often attempted it, but in vain; for, although the arterial trunks or branches will admit the injection, yet none will pass into the capillary system; and we know that a cancerous texture, as we often see in the neck, will envelope the arteries in its growth, without injury to their structure; therefore, the passage of the injection into arteries of a large size, contained in a carcinomatous mass, affords no proof of our having injected the latter. If, however, we slice with a knife this morbid structure in a living person, an oozing of blood will follow, which would evince that there is in it a minimum degree of circulation of red blood. This circulation, for the reasons just stated, I should suppose is limited to the scirrhous substance, as no injection, however minute, can be forced into the cerebriform, when uncombined with the scirrhous structure. Slices of those malignant masses, taken from living animals before softening or decomposition occurs, and submitted to microscopic observation, might afford considerable information relative to their intimate structure and true nature. If it is found that the medullary substance is the primary formation, not admitting of injection, and that the scirrhous is secondary, possessing the lowest degree of circulation, it may be presumed that the latter substance, under the views I have taken, is formed by the surrounding tissues to insulate this foreign growth, and is therefore analogous to the cysts which contain hydatids in the fasciolæ hepaticæ in sheep and other animals. Another circumstance worthy of notice in cancerous masses is the frequent occurrence of cysts containing a serous fluid, which, when punctured immediately after operation, while still warm, will spurt out their contents with such force as to evince considerable contractile powers in the structure of those cysts of which I stated two remarkable instances at page 222 of the 2d edition of my work upon cancer. The formation of cells or cysts in these malignant structures is so general that Mr. Abernethy has from this circumstance named one of them under the term of cystic sarcoma. This disease is not, however, to be confounded with a diseased structure full of cells, which is not of a malignant character, and is frequently found to engage the testicle. It is a curious fact, and one which tends to support the opinions I have suggested respecting the nature of cancer, that simple hydatids will occasion all the symptoms of this disease—thus, Sir Everard Home details in his work upon cancer, two cases of hydatids in the breast, the symptoms of which exactly resembled those of cancerous tumours, although their coats were thin and membranous, and contained only a thin serous fluid. So analogous were the symptoms to those of cancer, that extirpation was practised—and in one of them the most experienced surgeons of his day, Mr. Cline, assisted. Dr. Hamilton, of Newcastle-on-Tyne, in his work on cancer, mentions another instance in which the tumour at the time of operation was as large as an egg. Upon cutting it asunder to examine its structure, he observes, it was found to consist of several coats, with a fluid between them, and adhering to each other in different places, the external of which was of a callous hardness, more than one-eighth of an inch in thickness. This was obviously the cyst: the rest was neither so hard nor so thick as this, and within the innermost, there was near an ounce of lymphatic liquor. It appears from the sequel of the statement, that another tumour formed on the scar after extirpation, and that the patient finally died of the disease. From these unquestionable facts, we see either how nearly cancer approaches to the hydatid form and character, or else that hydatids produce the very same symptoms as cancer, and may be attended with the same unfortunate termination.—According to the analysis of the carcinomatous substance by Lobstein, 72 grains contained—Albumen, 2 grains; Gelatine, 20; Fibrine, 20; Fluid fatty matter, 10; Water, 20. This drawing of Cruveilhier's 27th livraison, affords an admirable illustration of the manner in which carcinoma extends and multiplies itself into the neighbouring parts. You see these numerous tubercles not larger than peas scattered through the skin, cellular membrane, and pectoral muscle, and even extending to the muscles of the abdomen. They are small, round, and compact, and all arising from this carcinomatous substance in the right breast. From this you may judge of the uncertainty of any surgical operation for the removal of a malignant tumour; for though these small tubercles are now visible, yet, at their first production, they probably could not be discovered without the aid of a powerful microscope. So numerous are they, that Cruveilhier observes he has met them by millions (*par milliers*), emanating from a carcinomatous structure, and yet if but one is left behind after operation, it is the embryo of another cancer.

The London Fever Hospital.—At the annual meeting of this Hospital last Friday, (Feb. 14,) Dr. Southwood Smith read the Annual Report, from which it appeared that 705 persons with contagious fever had been admitted during the past year; of whom 128 had died; 346 were males, and 359 females. The total number admitted since the foundation of the Hospital in 1802, was 14,224. The greater proportion of the cases were those of typhus fever; and although this malady had not been of late years so prevalent as formerly, the virulence of its character was still the same. Its mortality at the present moment was one in four and a half. The scarlet fever, on the other hand, was becoming more and more prevalent and severe, and had already reached a mortality of one in seven; whereas, hitherto, it had been comparatively insignificant.

An Entomological Letter.—Dear Sir,—The following account of the present state and prospects of the Insect World may prove highly acceptable to such of my brother naturalists as are enthusiastic lovers of entomology, and are longing for the bright and flowery days of spring, when they may again go forth and chase the insects over hill and dale, in philosophic carelessness of treacherous bogs, prickly bushes, man-traps, and spring-guns. My information may be implicitly relied on, as I am (now that the postage is reduced) in perpetual correspondence with all the first entomologists in and out of the universe,—including Coun *Kohshafsr* of Berlin, Count *Katchsmall* of Siberia, Baron von *Krisliz* of the North Pole and Alderman Squeers of Whitechapel, Massachusetts. The *fleas* have gone out of town in their *buggies*; the *ticks* are gone to the *dogs*; the *spiders* have *hung themselves* in their own webs; there is a scarcity of all sorts of *grub* in the markets; the *blue-bottles* are all *cracked*; the *lice* have been destroyed by the military in their *head*-quarters; the *grasshoppers* have ceased to *crichet*; and the *bees wax* wroth, and vow they will give us no honey unless we make an allowance for their *queen's* husband. Indeed the insects are becoming very *flighty*, and threaten to create such a *buzz* as will deafen the very *ear*-Wigs; and *we* naturalists expect to be called out to capture them, and place them in safe custody in the *cabinet* of the British Museum. As for the once respectable *cheese-hoppers*, I regret to say they have changed their religion, and all turned *Jumpers*; and the *glow-worms* are all converts to the *new light*,—Bude's I mean. The *ants* have become so troublesome that even the entomologists declare they are *sick of ants* (sycophants.) Lord Brougham intends to bring in a bill for the abolition of *niggers* in turnips, and Lady Byron is about to publish a bulletin respecting the health of the *sick Ada*. Notwithstanding the inclemency of the season, I still find the *butter flies*; for if I buy a pound of it in the morning, it is all gone before night. Ever happy to contribute my *mite* to your excellent journal, I remain, &c.—James H. Fennell.—*Literary Gazette.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 8th February, 1840:—

Epidemic, endemic, and contagious diseases	119
Diseases of the brain, nerves, and senses	158
Diseases of the lungs, and other organs of respiration	261
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	43
Diseases of the kidneys, &c	6
Childbed, diseases of the uterus, &c.	3
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c	4
Diseases of uncertain seat	99
Old age, or natural decay	78
Violent deaths	19
Causes not specified	1
Deaths from all causes	818

TO CORRESPONDENTS.

"DOCTOR" DAVIS *is already sufficiently notorious for his fulfilment of the* Advice Gratis *system. We may return to him at another opportunity. We know the meaning of the hieroglyph 242, which he places on the back of his prescriptions.*

There is a class of persons who, armed with the almost illimitable privileges which science allows to its votaries, are perpetually committing vagaries so wild and ridiculous withal, that, did they appear in others, they would be regarded as certain indications of an aberration of mind, and perhaps eventually be punished by a straight-jacket and close confinement. Of the class in question, Mr. Charles Whitlaw, "surgeon," *of Argyll-street, affords an example. This unfortunate gentleman has been applying to the Lord Mayor with the very alarming intelligence, that Great Britain is about to be visited* by a universal famine, *and praying that measures may be instantly considered for mitigating the evils of the dire calamity! This is just of a piece with his extraordinary notion that cholera was caused in England, in* 1832, *by the use of the flesh of cattle that had been fed upon buttercups!! We would recommend his friends to look to him.*

AN ARDENT WELL-WISHER *will perceive that we have adopted his suggestion.*

CRITO.—*The members of the Medico-Chirurgical Society are penny wise and pound foolish. The Edinbro' Testimonials next week.*

STROMYERENSIS.—*We have noticed the advertisement, calling a meeting for the purpose of establishing a* "Club-foot Hospital," *and shall watch the proceedings narrowly.*

QUACKERY.—*We hailed with pleasure a short time since, the proceedings of some of the provincial press in refusing the insertion of quack advertisements;—would that we could feel the same with regard to the London ones, in one of which, last week, we noticed, that nearly every announcement on one page had relation to some quack nostrum or other, Morison, Mosely, and Co. taking the lead, and Goss and Co. et hoc genus bringing up the Van. When will the press be independent enough to discard the quack miscreants who fatten on the destruction of others? Surely the* Times, Post, Athenæum, *and other established papers, are not so much in want of cash as to urge poverty as an excuse for inserting these dangerous lies! Yet they hesitate not to insert the most disgusting quack announcements. We again repeat, that the suppression of quackery rests with the press. Remove their source of publicity, and the empirics must die a natural death, despite their never-failing life specifics.*

STUDENS ANNOSUS, *who acquaints us with the Thespian follies of the London Hospital students, is thanked for his letter. He will oblige us much by writing more fully upon that or some other topic.*

MR. BANKS' *in our next.*

It always gives us pain to see the names of persons, calling themselves surgeons, who yet are not ashamed to stick their windows full of large placards, advertising long life pills, golden ointment, &c. However profitable Messrs. Hutchinson and Bellermy may find it at present, they may rest assured that the finger of scorn will be pointed at them as the colleagues and assistants of quacks, and that no pecuniary advantages can outweigh the misery of conscious mental degradation.

THE MEDICAL TIMES.

HOW ALL MAY ADVANCE MEDICAL REFORM.

Now or never must be the war-cry of all true reformers—now is the hour for exertion—now is the time of struggle for the long-talked of, and long desired, Medical Reform. It is true that the Session and the Members have at present been occupied by two questions of enormous importance—questions before which all others must of course pale their ineffectual fires—the first, how much her Majesty's royal consort is to be paid for the performance of his official duties—the other, how many lawyers and lawyers' clerks are to be committed to Newgate for contempt of the high and mighty privileges of the Commons' House of Parliament. It is not, however, too much to expect, that after these all-important questions have been set at rest, questions affecting the well-being of the community, which the Commons are said to represent, may be favoured with some portion of attention. Among these *questions* that of Medical Reform will claim a place—but whether it is to obtain the serious attention of the House, or whether it is to be shelved in the style of the last six years, is to be determined by the profession and the public. We say the public, because without the help of the "pressure from without," as the parliamentary phrase goes, nothing seems to be done. The self-elected champion of medical amelioration, Mr. Wakley, has done nothing but feather his own nest. Mr. Warburton has obtained an easy celebrity by asking for a Committee, *upon whose proceedings nothing has been done; in fact, the evidence before which has been made no use of.* In this strait we say that the profession *and the public* must be appealed to, to obtain a reform of existing abuses. The question of Medical Reform is not merely a question between Physician and Surgeon—between Pall-Mall and Rhubarb-Hall—between Tweedledum and Tweedledee. It is a question affecting, as completely as any question ever affected, the great interests of humanity. It is a question between empiricism and science, between the educated practitioner and the impudent and blood-stained quack. The man who in the heat of anger, or the burst of revenge, or jealousy, buries a knife in the heart's blood of his victim, expiates his offence against the laws of God and the institutions of society on the scaffold, but the stealthy scoundrel, who, to feed his unhallowed desire for lucre, slays thousands upon thousands, under the Judas-like similitude of a kind Samaritan—the wretches who cater to the ignorance—the gullibility of the multitude, and under the pretence of Pills of Health, Universal Ointments, and Life-giving Panaceas, at once rob and murder a yearly myriad of our population, are allowed to run riot with impunity. Well may we exclaim—

> ——— Can such things be,
> And o'ercome us like a summer's cloud
> Without our special wonder?

We say then that it is not merely a professional, but also a public question—that it can not be regarded as only a matter of professional profit, but is also a matter deeply implicating the public weal. Upon this view we call upon all parties to bestir themselves. We advise, exhort, beseech, every individual in the community to make an effort to obtain some amelioration of existing abuses. The profession should individually petition the Legislature—the public should sign one great petition to be presented to both Houses of Parliament, declaring their cognisance of Medical Abuses, and demanding their reformation. For medical men, the following modification of a petition already presented by the great body of Northern Medical Reformers, might be adopted. The presentation of a petition is a simple matter; and any gentleman who may feel inclined to aid the cause has only to have the following form copied—sign it—and forward it to the representative of the place in which he may reside. In due time it will be presented to the Parliament, to swell the tide of popular demands. For the public, a somewhat more general petition is requisite, and as we have often felt the force of the old saw, "that what is every man's business is no man's business"—feeling too that the only requisite was for some one to begin, we have caused a petition to be drawn up and engrossed, and it will now lie for public signature at our Office, and in various parts of the metropolis and the provinces, to be afterwards notified. We shall make room for it in our next, and must now conclude by calling upon each and every Medical Reformer to copy, sign, and forward to the Legislature a transcript or modification of the following petition:—

"*To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled,*

"The Petition of ——

"Sheweth,

"That your Petitioner deeply deplores the evil consequences ensuing, not only to his own profession, but to society in general, from the want of an adequate legal constitution for the Medical Profession of the United Kingdom of Great Britain and Ireland.

"That questions relating to the public health have not hitherto, in the opinion of your petitioner, received from the Legislature of this country a degree of attention commensurate with their importance. The laws which have been passed with a view to regulate medical affairs, have not been sufficient to guard the public against the pernicious practices of ignorant pretenders to medical and surgical skill, or to

protect the educated and duly authorized practitioner from an unfair and unjust competition with persons who can produce no evidence of their having made a suitable preparation for the responsible and difficult duty of treating the various diseases to which the human frame is liable.

"That impostors of every description are, in consequence, allowed to prey upon society; and empiricism, in its most aggravated forms, is suffered to pursue an uninterrupted and most dangerous career, to the detriment of the public safety, and the scandal of a great and civilized empire.

"That all persons who think fit are permitted to prepare and dispense every description of medicines, and to sell the most deadly poisons, without supervision or control. They are furthermore in the constant habit of taking upon themselves the task of prescribing for diseases with whose nature it is impossible they can be acquainted.

"That the colleges and corporate institutions which at this time preside over the medical profession, are wholly unequal to the correction of the abuses complained of by medical men. The constitution of these bodies is defective and objectionable in the extreme, they being for the most part governed by self-elected councils, the members of which are irresponsible. That the plans for the education and examination of candidates for medical practice, are not only absurd and unnecessary, but injurious to the cause of science, inasmuch as those institutions will ever be most resorted to by students which afford the greatest facilities, as to duration of study and strictness of examination, for obtaining their diplomas or licenses.

"Your petitioner, therefore, prays, that your Honourable House will adopt such measures as will confer upon the medical profession a sound and efficient legal constitution, and place it under a system of government based upon such principles as shall protect the interests alike of its members and the public—enforce uniformity of education and examination for all who enter it—prevent illegal practice—and confer uniformity of privilege for practitioners throughout England, Scotland, and Ireland.

"And your petitioner, as in duty bound, will ever pray," &c.

KING'S COLLEGE.

We understand that in all probability Mr. Ferguson, of Edinburgh, will be elected to the Chair of Surgery, and that he will also have the appointment of Surgeon to the Hospital. We hope this gentleman will be found an efficient medical officer. He has risen rapidly in repute in the northern Athens, where as an operator he stands high. He is considered a respectable lecturer. Dr. Budd is reported as most likely to be the *successful candidate* for the appointments of lecturer on practice of medicine at the College, and physician to the Hospital. Another week will however elapse ere a definitive announcement of the appointments takes place. It was somewhat looked for, we believe, that the services of the former professors should be partly retained, but such an arrangement was found impracticable. It is much to be wished that the King's College authorities could have suited themselves without going from home to look for a fitting person to fill the surgical chair; however, they assert that their object has been to further the interests of the institution to the best of their ability. In some quarters there has been much scheming and intrigue, but of this anon. The arrangements connected with the Hospital are fast progressing, and it is expected that the day for opening will soon be appointed.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

THE HARMONIC MEETING.

Everybody recollects that some four or five years back, more or less (for the exact date is not very firmly impressed on my memory), a man was plucked at the Hall, to the great astonishment of all his teachers and fellow-pupils, inasmuch as everybody said he ought to have passed. Whether his rejection was just or otherwise, I, Jasper Buddle, will not take upon myself to say; but the medical students of London thought it very unfair, and getting very indignant and effervescing, proposed a great meeting at the Crown and Anchor, in the Strand, to pass various resolutions, and see if they could not establish an examination of their own, where they might choose their own subjects, and answer their most favourite questions. Bills were issued, deputations formed, speakers nominated, and auditors collected; and when the eventful evening arrived, upwards of 1,300 sucking Cheseldens had gathered together in the big room above mentioned. There was Mr. L——, and Mr. W——, and Dr. C—— on the hustings, and Mr. Okes, and Mr. Huggles, and Mr. Macarthy in the crowd; and two men, whom nobody knew, to take the admission sixpences at the door, and delegates from all the schools in London, not forgetting a great many druggists' clerks, and chemists' apprentices, who put on shiny hats and pea jackets, and fancied themselves medical students for the night. Great and inspiring was the eloquence that evening displayed. Mr. W—— spoke about men who had been plucked, presenting themselves at his office next day, with "the pale cheek and streaming eye," and Dr. C—— wept as he entered into a long story about "Brookes—unhappy Brookes;" and Mr. L—— returned thanks for his kind reception, and then sat down again, wondering how the deuce he came at all; and at last the students got worked up to such a pitch of frenzy, that they passed a resolution tending to abolish Apothecaries' Hall, and banish all the examiners; and at last, having bawled themselves hoarse with cheering and abusing, they literally stormed every public house in the neighbourhood, for beer to moisten their larynges. Some of the newspapers next day were so impudent as to head the report of the proceedings "Physic and Fury," and in one of them was an ingenious statistical report of the manner in which the evening terminated. I forget its minutiæ, but amongst other suppositions, I am sure the following might have been placed with great veracity:—

Went half price to the play	300
Ditto to the Eagle Tavern	20
Supped at Evans'	73
Ditto at the Cyder Cellars	57
Ditto at the Coal Hole	30
Got drunk that night	416
Did not go home at all	17
Locked up at Bow-street	9
Finished quietly at the Rainbow, the Mitre, the Peacock, the Albion, &c.	60
Went home to read	1
Formed a committee	50

The last fifty adjourned to Anderton's, and over a bottle or two of wine (perhaps a little more), consulted what was best to be done. As they could not agree that night, they appointed another meeting, and this led to another, and then they introduced more members, and these members chanced to have good voices, and volunteered a song. Next they found out that songs were better fun than passing resolutions, for they were beginning to cool upon their excitement; and, finally, the meeting to take into consideration the propriety of doing away with Apothecaries' Hall, ended in a large harmonic society, that met at Anderton's on Saturday nights. Men from every school of medicine in town attended, from St. George's to the London, from Stinkomalee to the Borough, and the spirit of melody caught and diffused by hundreds, laid the foundation of all the harmonic meetings amongst the medical students of our "Great Metropolis," as Mr. Grant calls it, and caused the one to spring into being that I am about to describe.

In the neighbourhood of the London University, bounded superiorly by the New Road, inferiorly by the buildings of the School, and forming the anastomosing branch between Gower-street and Euston-square, which would carry on the circulation, if the New Road was taken up, is a small artery in the great scale of London-street anatomy, called Gower-place. If you were in Tottenham-court Road, and wished to discover it (to follow up our technical description), you would take the edge of Grafton-street for your guide, and following its course, next seek at the baker's at the corner, which will give you its situation. Gower-place is a modest and unassuming thoroughfare. Its houses consist for the most part of a first and second floor, and occasionally its areas are converted into use by bookbinders, manglers, and persons of the like class; the approach to such regions being by curiously steep wooden steps, which render it necessary for you to insure your neck's safety before you venture down them. The upper stories are tenanted by medical students, who pay in an inverse ratio according to their seniority at the hospital—a new man of course being charged more than a man of two sessions. Come down Gower-place what time of the day you will, you are certain to meet a medical student. You may always know the University men, when you encounter them. They delight in Berlin gloves—they wear shoes—and they have always a Turner or a Quain under their arm, which books they think contain the essence of all that was ever thought, spoken, or written on chemistry and and anatomy. Odd fellows they are too in their way. They subscribe to give their beadles snuff-boxes, they talk much of the operations at *their* hospital, and they think a thirty-ninth "certificate of honour" equal to an Order of the Garter. Do not let them take offence at this. Jasper Buddle is a friend to all, and hopes a little bit of good-humoured quiz will not procure him enemies.

But to return to our subject. At the eastern extremity of Gower-place is a public-house, distinguished by the sign of the Haywarden Castle. It is not a gin-shop, for there are no carved grapes over the door, no plate-glass windows, nor are there any ground-glass lamps; nevertheless, various cordials are ranged within its bar. The man who mows the grass in Euston-square refreshes himself occasionally from the taps of the Haywarden Castle, and having drank his fill, hangs the empty pewter on the iron railings of the square nearest Gower-place, for the pot-boy to call for; at least as many of the railings of Euston-square as remain perfect, for the populace seem to entertain a most violent hatred against the *fleurs de lys*

that ornament them, not one in six being perfect. I do not say it is the medical students who do this—they *may*, but I will not be their accuser.

At the period to which I refer it was customary for a great many students of the "Varsity" to meet every Tuesday evening at the Haywarden, then and at that time *tenu par Battison*, as a French hotel card would say. They assembled in the rooms up stairs for their convivial harmonies, which were thrown into one for their convenience; and the tables being furnished with pipes, wooden matches, and candles, each called for what he liked, and the business of the evening commenced. But the night to which I more particularly wish to allude was one of extra importance. A new secretary was to be elected, and considerable opposition was expected from another clique of students, who, although not belonging to the University, had been elected members of the Haywarden Castle Harmonic Meeting; and from having the best share of singing souls amongst them, as well as a considerable portion of wonderful impudence, were gradually assuming the entire management of the society. Need I state that these new-comers included Messrs. Macarthy, Swubs, Huggles, Okes, and Johnson, amongst their number?

The election was to take place by ballot, at eleven o'clock at night, the party meeting at eight for the singing, and they had privately borrowed the ballot-box from the Board-room of the Hospital, to put their marbles in, the porter being bribed with a shilling to procure it, under a strict promise of its being returned that evening.

As may be imagined, each party mustered pretty strong by the close of Cooper's lecture, and at the usual hour very few were found absent on calling over the names. Mr. Bobbledabs (who subsequently collared Penruddock when he put his flexors and extensors into action at the Hall), was in the chair, with a large hammer in his left-hand, and a pot of half-and-half, a screw, and a long pipe on his right.

"Gentlemen," said he, knocking on the table, "we will proceed to harmony, if you please. Perhaps Mr. Binks will oblige us with a song."

Mr. Binks was a Borough man, and so took lodgings in Alfred-street, Tottenham-court Road, to be near his hospital. He had been in London six sessions, and now declared he knew the scapula well. Upon being challenged, Mr. Binks took a drain, gave a "hem," and taking an empty pipe in his hand to assist the emphasis of the song he was about to indulge in, commenced the following parody on "When the curled lashes rise"—a song written, I believe, by Mrs. Norton:—

Mr. Bink's Song.

When the subject meets your view,
Brought in by the favoured few,
Stealthily as if to show
No one where it is they go;
Like the boys through orchards stealing,
When the school-room bell is pealing,
Turn not thou to go away—
Fag hard at it all the day.

When the skin is all erased,
And a scalpel lightly placed
On a muscle's front, to show
Whereabouts its tendons go;
And you're warned, in cautious words,
Not to cut the nerves' white cords,
And your knife in vein you plunge,
Rise, and quickly get a sponge.

Man doth shun the slimy frog,
Croaking in the damp dark bog;
But in the dissecting-room,
There is more of filth and gloom;
More of filth, with danger thick,
If you do your finger prick.
Stupid ass! this rule approve,
Always, always wear a glove.

"That's all, Gentlemen," said Mr. Binks, as he concluded, "and now I'll give you a toast—'May——': never mind what the toast was—I am sure you have heard it."

"What d—d nonsense you sing, Binks," said Mr. Okes, who had come half-screwed, and was very ill-tempered beside, having got a pair of tight new boots on. "Why don't you sing a sensible song—none of your mentisental parodies here."

"Order! Mr. Okes," said Mr. Bobbledabs, giving another knock on the table.

"Go to blazes!" was the response. "Who the devil cares for you?"

"Sit down, you fool," said Macarthy, pulling Okes into his seat as he was going to rise; "you'll spoil all, if you don't keep quiet. Mr. Binks, will you make a call?"

"I call upon Mr. Huggles," said Binks, and Mr. Huggles accordingly commenced, first stating that his song was *not* written by Mrs. Price Blackwood.

Mr. Huggle's Song.

THE MEDICAL STUDENT.

So Miss Edwards is going to marry,
And *they say* it's a capital match;
But I know quite enough of the parties,
To affirm it not much of a catch.
I've heard he's a medical man,
(How people their friends will miscall!)
For as yet he is only a student,
And has passed neither College nor Hall.

Yes, indeed, he's a medical student,
And he wears such a horrid rough coat,
Fitted up with those black wooden buttons,
That fasten quite up to the throat;
Then his hat cost about four-and-nine,
With a brim very broad and quite flat,
'Tis a pity that medical students
Have such love for a gossamer hat.

Yes, indeed, he's a medical student,
And because his last bills are not paid,
He can't get any credit in future,
So he buys all his boots ready made;
They are rather square-toed, to be sure,
Which but ill with the fashion accords;
But they do for a medical student
Just to tramp round the hospital wards.

He never has much in his pocket,
And the reason of this is quite clear—
He so quickly gets rid of his money,
By drinking that *horrible beer!*
In the class he but seldom is seen,
And at those who attend he will laugh;
'Tis a pity that medical students
Drink so much of that *vile half-and-half!!*

And if he attends any lectures.
It is'nt because he's inclined;
But he shows himself once in a fortnight,
Just to get his certificate signed.
He says he's well up in his Latin,
Both Celsus and Gregory too;
But I'm sure he's a little too certain,
And I do not much think he'll get through.

He goes up to the Hall in the summer,
And so he's beginning to read;
But he don't like his Practice of Physic,
And thinks Botany humbug indeed.
He says the old saying's quite just,
Which most of you doubtless have known,
That *Hydrogen* means *Gin and Water*,
And *Oxygen* pure *Gin* alone.

And when he has passed all his troubles,
He still from his lady will roam,
For you know 'tis a horrid profession,
And you can't get a moment at home.
O! girls, if you'll take my advice—
You'll never repent of the plan—
However *hard up* for an offer,
Never marry a Medical Man!!!

ROCKET.

ON THE USE OF OPIUM IN COLDS, &c.

BY JOHN HANCOCK, M.D.

ALTHOUGH it appears to be generally known that most of our disorders originate in atmospheric impressions, commonly termed colds and catarrh, yet this important fact is little regarded by pathologists. It may be fairly stated, perhaps, that nine-tenths of our disorders are excited by taking cold. The question, then, what is the immediate remedy for a common cold, is one of the most important that can arise in the wide range of medical science.—Of all the articles of the Materia Medica, I consider opium to be the most effectual and certain preventive. It is hardly possible, indeed, for a person to contract, or become liable to the effects of cold, whilst under its influence. When, however, it has been contracted, one or two grains will at once relieve the patient, as it were by magic; and that, whether his ailment shows itself as a catarrhal affection of the head, throat, and breast, or as a rheumatic affection, by pains in the limbs, bowels, or other parts of the body.

The same may be said respecting a dysentery, the bowels being at the same time duly cleared. Even a pleurisy is instantly arrested by this powerful remedy, if resorted to quickly, and prior to the stage of reaction, although in plethoric habits bleeding and purging may be required.

To remove a recent cold, a grain or two of opium, once or twice repeated, will in general be sufficient; but if the affection be of some duration, or of an obstinate character, then it should be repeated once or twice a day, as long as found necessary or useful, not neglecting the bath, or, at least, to soak the feet in warm water at bedtime. The dose requires to be regulated by experiment. A person, after a few trials, will soon be able to select his proper dose, keeping to the same sample, as different parcels of the drug vary most widely in respect to strength and purity. Good Turkey opium should be chosen in a crude state, without any of the pretended refinements or purifications, which only afford opportunities for sophistication and fraudulent admixtures. The tincture or laudanum is objectionable on similar grounds, being often prepared from East Indian opium, and the refuse of the shops. Although, however, we could be at all times certain of its being prepared in the most faithful manner, still these are none of the preparations which exert such steady and uniform effects as the entire solid juice.

As to the new preparation, named morphine, or the acetate of morphia, it appears to me to possess a very noxious property, judging from its effects on my own person, and one or two others, causing severe colic pains. The *paregoric elixir*, so called, is likewise objectionable, being very variable in strength, and combined with alcohol and other acrid stimulants. Yet more to be avoided are the numberless nostrums advertised, under the denomination of pectorals, cough drops, &c., most of which contain opium, others none. These are altogether uncertain, being prepared by a multitude of different hands, and from a variety of dissimilar prescriptions.

In dysentery, and even inflammatory affections of the bowels, when the skin is free, and the bowels open, opium cannot be injurious; but it may be so when the skin remains collapsed by continued exposure to cold. Other circumstances, however, being favourable to a free perspiration, no remedy will be found equally effectual with opium in relieving the bowels from the effects of cold and its train of consequences, as in diarrhœa, dysentery, and inflammations. I state this as the result of

long experience, in the most vehement inflammation of the bowels, dry belly-aches, and in strangulated hernia, that there is nothing, after free bleeding, that can bear a comparison with this remedy.

The vapour-bath is a potent auxiliary in all the affections just noticed; and it, at the same time, contributes to render the use of opium perfectly free from hazard.

One of the primary uses of opium in pulmonary diseases, probably arises from its power of suspending the morbid impression of cold, by which the disease is constantly liable to suffer aggravation.

Every one may have observed, that, when once a person has become affected with cold, or any catarrhal affection, the least exposure will often cause the inflammatory action to extend not only to the mucous membrane, but to the neighbouring viscera. Here, then, opium soothes the irritation, and arrests the successive attacks of the enemy. It gives energy, and enables the powers of nature to rally, and to resist those hurtful impressions of cold, by which the parts are constantly assailed, after a lesion is once begun in those delicate organs. opium is a remedy of vast importance in chronic inflammations of the eyes, and should be taken whenever we have occasion for the application of sulphate of copper, or other painful applications.

Many will be found to assert, that spiritous liquors have, in most cases, the same effect as opium. This assertion, however, proves their total ignorance of the operation of these agents. Though generally considered to be analogous, they are yet widely different. The stimulus of alcohol is irritative, promoting congestion, inflammation, &c., whilst its exhilirating operation is very transient. It drives the blood to inflamed parts, where it augments the pain, and leaves the whole frame more feeble, and more liable to the morbid impression of cold. The effects of opium are, in all respects, directly the reverse. By an operation unknown to us, which conceited theorists have pretended to explain, it soothes the nervous erythism, assuages pain, equalizes the circulation, and causes a uniform diffusion of the vital energy more powerfully than any other agent with which we are acquainted. If taken in a proper dose, the exhilirating, analeptic, and cordial effects of opium, continue for ten or fifteen hours, often longer, and the patient finds himself ultimately refreshed. It also powerfully promotes the digestive powers of a weak stomach—an effect not noticed by authors. Let a person who has any topical inflammation, or an ulcer, especially a carious one, drink a glass of spirits, and he will presently find the pain increased in the suffering part. The reverse of this happens on taking opium.

Some people will say they can never take opium without disagreeable effects. This is entirely owing to neglect of proper trials, for ascertaining the dose suitable to the individual temperament of the patient, or what is technically called the idiosyncracy. In consequence of this and other circumstances, it happens, that, at the present day, many thousand quackeries divert our attention from this most noble remedy. As a febrifuge, opium occasionally taken is one of the most potent of remedies.

Fever is usually, perhaps always, caused by some topical disturbance or irritation, and opium has the most power in equalizing the circulation, and restoring, when deranged, the powers of the vital functions, *i. e.* those of the heart and brain, or the vascular and nervous system, which must not be disjoined, or considered as separate, according to the common method.

The effects of opium, when duly considered, serve better than any other agent to explain to us the nature or phenomena of fever; and to show that fever is not in itself a disease, but only the result of some local derangement or inflammation, either open or concealed—that it is merely the phenomena arising from the natural effort to relieve the suffering part, by means of a *general excitement*, conveyed through the medium of the brain and nervous system to all parts of the body.

Opium, by a direct action upon the brain, produces a temporary species of fever, varying, indeed, according to the dose, as fever likewise varies in degree according to the intensity of the cause, or local disturbance, which gives rise to it.

In certain degrees the symptoms from either cause are very similar, as are likewise their ultimate results in the distribution of equalization of the fluids, and the nervous energy, by which topical lesion pains of congestion are subdued, when not too vehement.

The value of opium in inflammation and congestion is hitherto little appreciated, comparatively with its real merits; and here we have further to observe, that it is not merely to the *diffusive* power of opium, or that operation which distributes or equalizes the vital energy over the system, to which we are exclusively to refer its beneficial effects: but all those who will take the trouble of reflecting with care on the phenomena of inflammation, and whose minds are not irrevocably chained by inveterate errors, sanctified by time, and venerated by age, will be convinced of this important truth, that the predisposing and essential cause of inflammation (congestion and irritation), is debility, or a defective state of the vital energy—a negative excitability in the part implicated—and which state appears to depend for the most part on the effects of heat and cold. How far the vital or nervous energy may be compared with, or depend on, an electric or galvanic influence, I shall not here inquire, but only observe that many striking analogies are manifest here.

The restoring or adjusting operation, therefore, is more easily conceived as those from an agent whose influence, like opium, is immediately exerted upon the sensorium, and these through the magical sympathies of that organ, conveyed to all parts of the system, exciting, bracing, and equalizing the whole.

Bark has often the worst effect in fevers, by causing what is called metastasis. This arises from its constipating action on the bowels, and consequent impression on the brain. Opium has the same effect on the bowels, but by its action on the whole system through the medium of the brain, it precludes that congestion either on the brain, or on other parts predisposed, which is too often found to ensue from the use of bark.

Opium is amongst the most potent of all alexipharmics, or antidotes to the bites of venomous serpents; and especially so when confined with sudorifics, as in the Dover's powder, and with camphor, antimony, and ammonia. The same forms the most powerful remedy in cases where poison has been received in dissection wounds. As an external application, in either case, sirruba is extremely useful, and one of the best.

To recur to the use of opium in colds and catarrhal affections, we should remark, that in case of epidemic catarrhs or the influenza, opium in a liberal dose at the onset of the disease is equally effectual, along with due venesection, vapour-bath, enemas, blisters; and the same in the very destructive diseases cynanche, trachealis, and toncillaris. Washington, I believe, died of the last-mentioned disease. Two grains of opium, with half or a fourth the loss of blood which he suffered, might have prolonged the life of this great and good man. I mean not to reflect on any individual, but on the general practice pursued in similar cases.

CLINICAL LECTURE ON STRICTURE OF THE URETHRA,

DELIVERED IN THE THEATRE OF ST. GEORGE'S HOSPITAL, BY SIR B. BRODIE, BART., FEB. 11.

Gentlemen,—The subject I propose to bring before your notice to-day, is that of stricture, occurring especially in the membranous portions of the canal. Very often a patient will come to you with stricture, who, but a few days previously, may have been in sound health, and who may have voided his urine in a full and natural stream. He will probably be unable to satisfy you as to the cause of the attack. On questioning him, however, you will no doubt find that he has been of irregular habits, that he has been accustomed to expose himself to extremes of heat and cold, and that he has recently taken an over quantity of stimulus—wine, and so forth. You will, of course, exhibit opium, and the usual means for effecting dilatation; and you will then pass a bougie, or, if necessary, bougies of different sizes, until you succeed in removing the obstruction in the canal, and thereby enable your patient to make water freely. Now, there is surely no permanent contraction here; yet there are those who would affirm the contrary! And this leads me to the division of *spasmodic* and *permanent strictures*, which I intend to consider in detail. I am aware that the existence of the former has been doubted, but I have yet to learn on what grounds. The *permanent stricture* is very distinctly characterized. The membraneous canal is highly contracted, so that it assumes the appearance of a double funnel. It is moreover indurated, exhibiting at times a texture like that of cartilage. But it is possible that, at the same time, the symptoms of spasmodic contraction may be present, and thus a patient may one day pass a pretty full stream of urine, and on the next none at all, and so on for a long time; the disorder, meanwhile, increasing in severity. I have found, in obstinate cases, great benefit to arise from the introduction of a bougie touched with the nitrate of silver. The nitrate, in this instance, coming in contact with the anterior part of the stricture, exhausts the morbid irritability of the part, and relieves the spasm. The urine then has a free passage. Let me not, however, be understood as recommending to you this practice. It is a bold one, and requires the greatest caution. I only mean to say that I have tried it with success. It is important to bear in mind, that the original disease may be, in a great proportion of cases, a permanent stricture;—the spasmodic stricture may be superadded. Nor is there any doubt, on the other hand, that a stricture, once spasmodic, may become permanent; and this, I am inclined to think, is most frequently the case. Stricture, especially the permanent one, seldom appears until the age of puberty. Nevertheless, I have, in the course of my practice, seen boys with it, induced in consequence of injuries, such as a blow or bruise. Stricture sometimes supervenes on severe attacks of gonorrhœa; but, certainly, very rarely. How few, out of the immense numbers afflicted with gonorrhœe, are troubled with it. Sir Everard Home used to think that injections brought it on, and, therefore, could seldom be prevailed upon to prescribe remedies in that form. That he might have been, in some measure, correct, I am willing to believe, but I must say that I have never met with one case of stricture which I could attribute to such a circumstance. Injections are of great use, both in medicine and

surgery; and it is the *abuse* of them which is attended with injurious consequences. Persons are liable to stricture whose secretions are deranged, as when the urine is alkaline or ammoniacal, or when it is imbued with any of the triple phosphates. Hence, you will learn how much depends on a due attention to the urine, in order to a successful treatment. Indeed, it may be stated as an anxiom, that you cannot cure stricture without bringing back the urine to a healthy state. Again, stricture may arise from a diseased state of the kidneys, or of the prostrate; and should this be the case, your efforts to pass the catheter will be in vain; when there is enlarged prostate, the instrument is beyond all possibility to pass. *En passant*, I may remind you, that although a gradual diminution in the stream of urine is almost a certain symptom of the disease in question, your diagnosis must by no means rest upon it alone. When you find *all* the symptoms existing in combination, then should you be positive. The liability to retention of urine differs in different individuals; it is more or less developed according to the constitution and habits of the patient. Those who live irregularly more generally suffer from it, while those who are temperate and prudent, very seldom experience it. It comes on usually after dinner, and is ushered in with slight pain. The surgeon being called in, finds the patient's bladder distended above the pubes, his sufferings increasing, and his tongue furred; but by the judicious exercise of his art, he will soon set all right. On the other hand, what happens if the malady be let alone?—When I was a pupil in this hospital, there was a man admitted with severe stricture, and retention of urine. He thought his *bladder had burst*; but this was considered as a mere idle fancy. He died the very next day; and on a post mortem examination being made by Sir Everard Home, who was then one of the surgeons to the hospital, the fundus of his bladder had indeed burst, and that most frightfully!! Thus, it is not uncommon for the membraneous part of the urethra to burst, and if this occur, the urine, capable of being passed *behind* only, falls drop by drop into the cellular membrane, and becones effused in the scrotum, which now swells out prodigiously. This urine, effused into unnatural cavities, is highly coloured, loaded with urinary salts, and exceedingly stimulant. It consequently excites extensive inflammation, terminating in *sloughing*. The patient, though at first hot, becomes depressed; violent hiccough ensues, continuing often for six or eight days. The pulse intermits, and the skin is cold and clammy. At length the miserable sufferer falls into a state of low delirium, under which he dies. Such are the consequences of neglecting stricture with retention of urine!—There are other cases, in which the urethra ulcerates behind the stricture, but in which, notwithstanding, the urine may find an exit by the natural passage. Even here, however, a drop of the urine may get into the perinæum and cause abscess there. When the abscess bursts, the matter which flows out is highly putrid, and offensive to the nostrils. Urine, too, will ooze out in small drops, and this circumstance it is—urine being in the abscess—which retards the healing process. *Fistula in perinæo* supervenes, and there may be not one or two, but three or four of these fistula in the same person, at the same time. In a case of this sort, if you merely open the abscess at the first stage, so as to free it of the bad matter, the urine will generally pass easily enough, the tongue will become moist, and the disorder will gradually abate; indeed, in the course of a few days the patient will be perfectly well, except that he will still have *fistula in perinæo*—a fistula easy to treat, and creative of no apprehension. I need hardly add, that if the abscess be not opened as early as possible, fatal effects will ensue. Previously to entering into the *treatment* of stricture, I have more to say regarding its history, and I shall, therefore, defer any further observations until our next meeting.

MEDICAL OBITUARY.

At Dromin, Newcastle, County Limerick, Patrick Meade, Esq., M.D., aged 28 years.—On the 1st instant, of typhus fever, at Donegall-place, Belfast, John Wales, Esq., surgeon.—In Tallow, County Waterford, John Long, Esq., apothecary.—At Bombay, W. B. C. Graham, M.D.—In the Province of Minas Geraes, Brazil, on the 1st of Nov. last, A. F. Goodridge, M.D., aged 37.

MR. WAKLEY AND THE REPORTERS.—A great hubbub has been raised by the "gentlemen of the press," in consequence of the worthy Medical Coroner, with the *truly liberal and impartial spirit*—the *open and above-board dealing*, which has uniformly marked his career, having issued a peremptory order, interdicting them from attendance at his inquests, unless they shall, individually and respectively, *render up their names*, together with a *certificate from the editors of the Newspapers they represent!* Did not these conditions already amount to a virtual prohibition—as every one must be aware they do, who is acquainted with the manner in which the daily press is conducted?—We should be inclined respectfully to recommend, in order the more effectually to secure his purpose, that the "Honourable" Coroner should likewise demand their *places of abode*—nay, that they *submit their reports to his inspection*, previously to sending the same for publication. This plan would obviously be exceedingly convenient! The Electors of Finsbury could not then hear of his extreme surprise at the poor exhibiting an antipathy to go into the "Union Workhouses,"—to be there lopped off by the process of gradual starvation; nor would the medical profession, of whose *rights* and *interests* he is their *distinguished champion*, learn that he intends "to avail himself of their assistance *only when he cannot absolutely dispense with it*"!!

At the last sitting of the Academy of Sciences of Paris, M. Dumas read a memoir on the theory of Chemical Substitution, on which so much spirited controversy has been carried on between this eminent chemist and the followers of the School of Berzelius. His theory is, that all chemical substitutions take place by means of equivalents: but that two cases occur; either the substances are *substituted* for each other, or they are *displaced* by each other. In the former, the product retains its initial type and molecular form; in the latter, it preserves no chemical analogy with the composite substance from which it proceeds, aud it changes its molecular form. Thus, while the theory of equivalents can only enumerate those combinations which are *possible* between given substances, that of substitutions can foresee the combinations that are *necessary*. At the same sitting of the Academy, M. Flourens exhibited several skeletons of birds, on which he had been experimenting with different kinds of madder, by introducing that substance into their food, and stated, that in twenty-four hours after the madder had been taken, the bones were thoroughly tinged. It did not affect in the least the cartilaginous parts of the body.

In the HOUSE of LORDS on the 13th inst., the Marquis of Westminster moved, that a select committee be appointed "to take into consideration the subject of a purer supply of water to the metropolis."—Agreed to.

HOSPITAL REPORTS.

CLINICAL LECTURE BY M. VELPEAU, DELIVERED AT L'HOPITAL DE LA CHARITE, PARIS.

NUMEROUS as the various internal modes of treatment for gonorrhœa are, they are far surpassed in point of number by the external ones, the effects of which are likewise much exaggerated; and, as the seat of the complaint is in the urethra, they have been classed into two divisions, the first of which is applied directly to the seat of the disorder—such are injections; the second are applied to the integuments covering the urethral canal—such are ointments, &c. We will at present merely take a cursory glance at the second division, and proceed more minutely into the first. It has been asserted by some that gonorrhœa may be cured in seven or eight days by rubbing the mercurial ointment along the course of the urethra,—I have given it a very fair trial, and cannot find it to succeed in removing the complaint; but have certainly found it a useful auxiliary to the other means which I have been using: thus when the lining membrane of the urethra has become much thickened, or that we are led to suppose the existence of ulcers being formed in it, we shall find mercurial friction along the course of the urethra of very great benefit—alone it scarcely, if ever, will remove the disease. Others have advised the application of small blisters along the course of the canal, more or less frequently repeated. M. Poirson informed me that he had been in the habit of applying them about the size of a two-franc piece, and repeated frequently, with marked benefit—more especially in chronic cases. I have tried them myself, but have only succeeded in a very few cases; for though they stop the discharge during the time of their action, it returns immediately after; hence I think they should also be considered as merely auxiliaries, particularly in old standing cases. The same may be said of the other plans of curing this complaint, by frictions of iodine, &c., all of which are occasionally of benefit in conjunction with other remedies.

I will now call your attention to the first division, the application of the remedies to the immediate seat of the complaint, and here we shall find almost every emollient and astringent is lauded by one or another as a complete specific. I will not, however, detain you with a detail of them all, neither of the emollient plan lately so highly spoken of, according to which the patient was to sit some hours a day in a tepid bath, and whilst there continue injecting his urethra with some emollient. The plan is too ridiculous to need a word of comment—nor of the various injections composed of wine, wine and water, and other slight astringents—but pass on to the consideration of the sulphate of zinc, of nitrate of mercury, and nitrate of silver.

For some time past it has been the practice to order injections, composed of the sulphate of zinc, for the cure of gonorrhœa, and experience has certainly proved it efficacious, yet not entitled to the high eulogiums so frequently passed on it, or to the almost general use which it has acquired. I will proceed to examine its efficacy, and for this purpose will take it under two heads, viz., the first as to length of duration of the complaint, the second the quantity of the salt used at each injection. It were vain to fancy it possible that the complaint is curable during the very early stages with this remedy; its utility is only in the chronic forms, or, as it is commonly termed, "*goutti militaire*," that the effects of the sulphate of zinc are truly remarkable. Surgeons, under the impression that it acted in a manner similar to caustic, have employed it in very large doses, and have been disappointed in its effects; now, had they used it less freely, and in small quantities, they would not have met with this result; thus, as you must have seen, I always order it in my practice in the proportion of a grain of the salt to an ounce of some mucilaginous fluid.

It is nothing but natural that, with the good effects of copaiba administered internally, we should endeavour to accelerate the cure by topical applications, and the mode of doing it is to fill the syringe with the fluid to be injected, then apply compression with the finger about the lower part of the urethra, so as to prevent the injection passing too low down the canal, and then the fluid is

to be injected and retained for some minutes: this operation is to be repeated three or four times a day. This plan is not in the least painful, and is extremely successful. The solution of the nitrate of mercury, so highly extolled, has, in my practice, not only entirely failed, but it has in many instances aggravated the complaint.

I now will examine into the effects of the nitrate of silver, so much employed in ulceration of the cornea, in erysipelas, and certain cutaneous eruptions. Who is ignorant of its beneficial effects on venereal sores, venereal sore throat, &c., in all of which complaints it has been so highly spoken of, and all opinions on its effects have been unanimous; but in gonorrhœa such has not been the case; I have tried it myself very frequently, and of various degrees of strength; with one grain to the ounce it has been eminently useful, particularly in old standing cases, when the quantity has been increased to two grains to the ounce. Of four patients treated according to this plan, two were cured in five days, thus affording proof of its efficacy in the chronic form; but when carefully used, together with compression of the urethra, it is also very useful in the acute stage. The way in which the compression is to be made is by the application of small compresses placed along the lower portion of the urethra (the bulb and membraneous portions), and retained there by a bandage; the solution is then to be injected, and retained in the canal for two or three minutes: this is to be repeated two or three times a day; and after continuing this for three days I stop, but return to it again if the complaint be not entirely removed. Proceeding on this plan, several patients in whom the complaint had resisted all other remedies have been cured; but in using compression, you should be aware that occasionally the glans penis and prepuce become inflamed, and of a greater or less livid hue: these circumstances, however, should not deter us from its use, but as these symptoms arise, so they should be treated by warm fomentations, emollient enemas, taking care not to keep up the compression for too long a time. A good deal has been said of the injurious consequences following the use of injections, some asserting that the fluid may pass into the bladder, and produce fatal inflammation of it; so much has this been spoken of, that many of the more timid practitioners have entirely discarded the use of these remedies, but in my opinion these serious accidents are merely chimerical. It has likewise been asserted, that they are the cause of stricture being formed: now, I do not consider so, as stricture is but the thickening of the lining membrane of the urethra; it is more likely to ensue from long standing inflammation than the use of astringents. How then can we reconcile the fact of their being produced by the very means that destroy that inflammation most speedily? Then again, how many individuals have stricture who never had gonorrhœa; and others who have never made use of injection; hence from all I know concerning this complaint, I consider injections are very powerful and useful remedies, especially in the chronic forms of gonorrhœa, and in this last form the solution of the nitrate of silver certainly ranks the highest.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

POTASSA FUSA AND THE CAUSTIC ALKALIES IN STRICTURE.

FEBRUARY 15th.—Dr. CHOWNE in the chair.—Mr. WADE read an elaborate essay, the object of which was, to direct the attention of the profession to the employment of potassa fusa in the treatment of stricture. Notwithstanding the condemnation of this remedy by many, even the highest authorities—notwithstanding it had so long since fallen into desuetude, the author had no doubt it would, on impartial trial, be found of the greatest value, and eventually rank higher than any other of the caustic alkalies, as an application to one of the most tedious and painful diseases which can afflict humanity. The nitrate of silver had been recommended by John Hunter, and hence it had become the general favourite, to the exclusion of more powerful and efficacious means. He, probably, was the first surgeon who employed it to any considerable extent. Following in his steps, Sir Everard Home subsequently pursued the same practice. But, what had been the result? it was demonstrable that, whilst a great proportion of patients had benefited by it, a yet far greater proportion had been made the victims and martyrs to its severity. That it was in vain, indeed, to hope for a permanent cure of stricture from the nitrate of silver he (Mr. Wade) was fully convinced. It had a tendency to produce a cicatrix of the muscular tissue; and when this was the case, how was it possible that it could effect a cure—nay, even easily to dilate the canal to allow the passage of instruments of sufficient size? To Whateley, let due credit be given. That eminent surgeon, estimating the nitrate of silver no higher than it deserved, experimented with potassa fusa, with the view to discover whether it were not more preferable; and he found that it was. He applied it successfully in a vast number of cases; but his method of applying it having some peculiarities, brought it into a great deal of ridicule. He inserted a very small quantity, about the 17th part of a grain—never exceeding this—in an orifice at the extremity of the bougie, and so introduced it into the urethra; and this had induced many persons to scout the assumption that it could act in so minute a portion. Yet the cases he had related were perfectly satisfactory. Led by these circumstances, he (Mr. Wade) had twelve years ago commenced the use of potassa fusa in stricture; and so accordant did it prove with his expectations, that he had continued it ever since. He could hardly recollect a case up to this day in which he had omitted to employ it; nor had he known it in one instance to fail, either in actually curing, or greatly relieving the patient. Immediately after being applied, its effects were a slight degree of heat in the part, but which was of short duration, followed by a prolonged mucous discharge, sometimes tinged with blood. Scalding, like that which is caused by urine passing over an ulcerated surface, there was none; neither was there any hæmorrhage, or sloughing. The discharge being occasionally tinged with blood, was a very different thing from that profuse hæmorrhage, which not unfrequently followed the application of nitrate of silver. In short, by reason of its stimulant character, it acted on the principle of *absorption*. He (Mr. Wade) usually employed it in the ninth part of a grain: in severe cases a larger quantity might be required, but he would never exceed one grain. The bougie having been previously oiled, the potass was introduced into a small perforation at its extremity, and then slightly coated over with soft soap, to prevent too excessive irritation. It was then passed up the urethra, and retained only so long as absolutely necessary. Great advantage was gained if the patient were placed in the recumbent posture, so that the instrument might touch the lower rather than the higher part of the stricture. The same treatment was applicable alike to the fibro-cartilaginous stricture—to that which is hard and impervious to instruments—to the spasmodic, the irritable, and every possible variety. In all of these, after a few trials, it was the means of admitting the catheter freely enough; while, in the interim, it was not unlikely the patient might pass considerable quantities of urine. As to the kind of instrument which was most desirable, it was impossible to lay down any general rule. On this point, many of the directions in books were wholly useless; all that could be said was, that a soft bougie without a stilette was preferable to a metallic one. The author concluded by detailing the particulars of a number of cases of stricture, successfully treated by him with potassa fusa, according to the principles already laid down.—Mr. GREGORY SMITH, though he was quite willing to admit that the use of nitrate of silver in stricture had too often occasioned disastrous consequences, did not think it inferior to potassa fusa. He recollected the case of a man who had become afflicted with *fistula in perinæo*, after a continued application of the latter. Was there not a possibility that in some of Mr. Wade's cases the potass had not come in contact with the stricture at all? If so, the cure could not have been effected only by pressure: at any rate, this remedy appeared to him to act only by burning, or sloughing its way through; and, on the whole, it were doubtful whether it were even better than the *cutting* system of Mr. Strafford. He had no hesitation in pronouncing it very unsafe.—Mr. ROBINS fully concurred with Mr. Wade in all that he had advanced, as to the efficacy of potassa fusa in stricture.—Dr. BROKE thought that the failures which had taken place in the application of nitrate of silver to the disease in question, were owing, not so much to the substance itself, as to the manner of its employment. He would briefly notice a method he had adopted with great success, and one which he deemed the least objectionable. A catheter was formed, fitted with a stilette, to be of a mean level with it at the point; the nitrate, reduced to a powder, and well triturated with grease or lard, was then applied to the end of the stilette, and the instrument introduced, so that the caustic should come into immediate contact with the stricture.—Mr. STREETER observed, that the practice recommended by Mr. Wade, justly regarded the urethra as a living and sensitive organ, and not a *drill-board*. He had reason to believe, that since the forcings and other irritating modes of treatment had been exchanged for more mild and judicious ones, stricture had become less prevalent. It was now seldom seen in men above thirty years of age. When attended to in its early stage, it was comparatively easy of cure, causing, when neglected, dreadful inflammations. Local bleeding, the hip-bath, abstinence from spirituous liquors, and due attention to the state of the bowels, were important requisites towards its successful termination.—Mr. WADE having finally replied, the meeting adjourned.—We should add in this place, that previously to the commencement of the discussion, the chairman read the auditors' report, from which it appeared that the society was prospering: it had already a balance in hand of £56. This announcement was received with loud cheers.

HOUSE OF COMMONS, FEB. 14th.—Mr. F. FRENCH moved for a return of the sums of money paid out of the consolidated fund to each Anatomical Inspector, under the provisions of the Act 2 and 3 Will. 4, c. 75, in the years 1837, 1838, and 1839 respectively; distinguishing the amount paid for salary, and for the expenses of office.

Improvement in art appears to keep an equa pace with the advancement of science. The nearest approach to the human frame in its mechanical formation, regularity of action, and systematic method of performance is, that beautiful piece of mechanism, the watch. As a country becomes more civilized, time becomes more valuable; all men from the higher to the lower grade of society are possessed of this little machine to regulate their actions, and when well made, is really a valuable acquisition to the owner. We are called to these reflections from a paper handed to us, showing the perfection to which this machine has been brought, to define the divisions and subdivisions of time. The three chronometers manufactured by Webster, to which were awarded the prizes three successive years, given by his late Majesty's government, surprised us much, not having contemplated the possibility that the art had arrived to such perfection. One of the chronometers differed but 86-100ths of a second in the year, another 89-100ths, and a third did not exceed 98-100ths in an equal period. This almost incredible accuracy is effected by the means discovered for the counteraction of the expansion and contraction of the metals used in the manufacture. Seeing that Webster and Son have still farther exerted their talents, to the advantage of the medical profession, by introducing the centre seconds watch, which reminds us of bygone times, this article, with the gold-headed cane, was the usual attendant of the physician and opulent medical practitioner. The above-named parties have surmounted the difficulty which caused its abolition, viz., its incommodious size, and we now witness the seconds comprising the whole circle of the dial-face, as in former days, and the watch no larger than the usual small waistcoat-pocket companion of the most fashionable man.

ADVERTISEMENTS.

UNIVERSITY COLLEGE.

This day is Published, in One very large 8vo. volume, cloth, lettered, containing upwards of 1,150 closely printed pages, price 1*l.* 2*s.*

THE PRINCIPLES and PRACTICE of MEDICINE, founded on extensive experience both in public Hospitals and in private Practice, and as developed in a Course of Lectures at University College, London; by JOHN ELLIOTSON, M.D., Cantab, F.R.S., late Professor of the Principles and Practice of Medicine, Senior Physician to the North London Hospital. With Notes, Illustrations, and Additions, by NATHANIEL ROGERS, M.D., late Senior President of the Hunterian Society of Edinburgh, Corresponding Member of the Medico-Chirurgical Society of Dublin.

London:—Printed for Joseph Butler, Medical Bookseller and Publisher, 4, St. Thomas's Street, Southwark.

Just published, 1 thick vol. 12mo., cloth, price 12s. 6d.

A MANUAL for the COLLEGE of SURGEONS.

By J. STROGALL, M.D., and Mr. W. HILLES.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

Extracts from Reviews.

"This is a most valuable epitome of anatomy, surgery, and physiology. No student should go up without consulting this work."—*Medical Miscellany.*

"The Manual above mentioned must be a great treasure to the student. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession with which he was familiar in the days of his youth."—*Monthly Magazine.*

"This book will undoubtedly help a man through the College, and—what is far greater praise—may teach him something afterwards."—*Medical Times.*

London: JOHN CHURCHILL, Princes Street, Soho.

NEW MEDICAL AND SCIENTIFIC WORKS,
Published by H. BALLIÈRE, 219, Regent Street, London.

DR. ROBERT WILLIS.

Published Monthly, 4 plates, folio, beautifully coloured. Price only 5s,

ILLUSTRATIONS OF CUTANEOUS DISEASES, a series of delineations of the Affections of the Skin in their more interesting and frequent forms; with a practical summary of their symptoms, diagnosis and treatment, including appropriate formulæ. By ROBERT WILLIS, M.D., Licentiate of the Royal College of Physicians, and Physician to the Royal Infirmary for Children.

The Drawings are after Nature, and Lithographed by Arch Henning.

These Illustrations will be comprised in about twenty Fasciculi, folio, the drawings will be originals, carefully coloured. Each number of this splendid work will comprise three or *four subjects*, delineated on the same number of plates. The price is 5s. per number, which will appear regularly on the first of each month, till the completion of the work.

Fifteen numbers of this useful work are already out.

SHUCKARD'S BRITISH ENTOMOLOGY.

Just out, Part I., illustrated with Wood-cuts, 8s.

ELEMENTS OF BRITISH ENTOMOLOGY, containing a General Introduction to the science, a systematic description of all the *Genera*, and a list of all the *Species* of British Insects, with a History of their Transformations, Habits, Economy, and Distribution, with outline figures of the families, and their *Larvæ* and *Pupæ*, an explanation of the Technical Terms, and full directions for Collecting. By W. E. SHUCKARD, Librarian R.S. Author of "Essay on the Fossorial Hymenoptera."

This very useful work will be published in three parts, illustrated with fine wood-cuts. The second part will appear in April.

THOMSON'S VEGETABLE CHEMISTRY.

CHEMISTRY OF ORGANIC BODIES—VEGETABLES. By THOMAS THOMSON, M.D., F.R.S., Lond., and Edin., Regius Professor of Chemistry in the University of Glasgow, Corresponding Member of the Royal Academy of Paris.

One large vol. 8vo., of 1,092 pages. London, 1838, in boards. £1 4s.

GRAHAM'S CHEMISTRY,

ELEMENTS OF CHEMISTRY, including the APPLICATIONS of the SCIENCE in the ARTS. By THOMAS GRAHAM, F.R.S., Lond., and Edin., Professor of Chemistry in the London University College.

Parts 1 to 3., price 9*s.* Part 3 alone, 5*s.*

THOMSON'S ELECTRICITY.

HEAT AND ELECTRICITY. By THOMAS THOMSON, M.D., F.R.S., Lond., and Edin., Regius Professor of Chemistry in the University of Glasgow, Corresponding Member of the Royal Academy of Paris.

Second Edition. One vol. 8vo., illustrated with wood-cuts, 1839. 15s.

ROBERT WILLIAMS, M.D.

ELEMENTS OF PRACTICAL MEDICINE, MORBID POISONS. By R. WILLIAMS, M.D., Trin. Col. Cambridge; Fellow of the Royal College of Physicians; and Senior Physician of St. Thomas's Hospital.

London, 1836—39, 1 vol. 8vo., 10s. 6d.

MICHAEL RYAN, M.D.

THE PHILOSOPHY OF MARRIAGE, in its Social, Moral, and Physical relations; with an account of the Diseases of the Genito-Urinary Organs, with the Physiology of Generation in the Vegetable and Animal Kingdoms. *Third* edition, very much improved. By MICHAEL RYAN, M.D.

1 vol. 12mo. London, 1839. 6s.

WESTMINSTER HOSPITAL.—At a Meeting of the Students of the Westminster Hospital on Saturday, February 8, 1840, the following Resolution was unanimously adopted:—"It is with feelings of indignation and disgust, that we have observed the insidious and dastardly attacks which have been made on Sir Anthony Carlisle, the Senior Surgeon of the Westminster Hospital, as they appear to have originated within the walls of that Institution, we deem it our duty as pupils of the Hospital, severely to reprobate them, and to assure Sir Anthony Carlisle of the continuance of the respect and esteem which his high professional character as a man of Science and his kind and gentlemanly bearing towards all connected with him, have ever deserved." To the above Resolution sixty-two signatures have been appended.

THE MEDICAL TIMES.

TO ADVERTISERS.

The Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. The PERMANENCY DERIVED from its PROFESSIONAL and SCIENTIFIC CHARACTER, and the CIRCUMSTANCE of the ADVERTISEMENTS BEING CONFINED to the BODY of the WORK, and their not being inserted on a TEMPORARY WRAPPER, renders it, as a medium, at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

Empowered under the several Acts of Parliament of 14th George 3rd, c. 48; 22nd Geo. 3rd.; 53rd Geo. 3rd, c. 141; 3rd Geo. 4th, c. 92; and 1st Vic. cap. 10.

INDEPENDENT WEST MIDDLESEX ASSURANCE COMPANY, opposite the Bazaar, Baker Street, Portman Square, London; South St. David's Street, Edinburgh; Ingram Street, Glasgow; and Sackville Street, Dublin.

MANAGERS.

Jas. Alexander, Esq.	J. D. Hustler, Esq.	Wm. E. Taylor, Esq.
Samuel Eyre, Esq.	Thos. Knowles, Esq.	John Wilson, Esq.
Robt. Ferguson, Esq.	H. R. Perkins, Esq.	Wm. Whittaker, Esq.
Thomas Hope, Esq.	Thomas Price, Esq.	Geo. Williams, Esq.

IMMEDIATE BENEFITS OFFERED TO THE PUBLIC

LIFE and FIRE INSURANCE RATES reduced 30 per Cent. per Annum Lower than any other Office.

LIFE ANNUITY RATES, calculated on Equitable Principles!!!

FOR EXAMPLE.—For every 100*l.* deposited, this Association will grant the Annuity placed opposite the Age of the party depositing.—From 50*l.* and upwards, in proportion.

AGE												
30 to 40	to	45	to	50	to	55	to	60	to	65	to	70	to	75 to 80
Pr. Ct.	8*l.*	10*s.*	9*l.*	9*l.*	10*s.*	10*l.*	10*s.*	12*l.*	10*s.*	15*l.*	10*s.*	20*l.*	25*l.*

LIFE ASSURANCE RATES.

Age	20	to	25	to	30	to	35	to	38	to	40	to	45	to	50
Premium.	1*l.* 11*s.*		1*l.* 15*s.*		2*l.*		2*l.* 6*s.*		2*l.* 10*s.*		2*l.* 15*s.*		3*l.* 5*s*		

This Company make no Charges for intermediate Ages under 50 Years

FIRE INSURANCE RATES.—COMMON INSURANCE.

Private Houses and Shops (not hazardous)	1s. 0d. per Cent.
Hazardous	2s. 0d.
Double Hazardous	3s. 6d.
Farming Stock	1s. 6d.

Secretary—G. E. WILLIAMS.

OSTEOLOGICAL REPOSITORY,
45, Museum Street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of

ANATOMICAL PREPARATIONS,

which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.

His Preparations consist of—

Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Banchon.
A great variety of ENTIRE SKULLS.
Skulls, with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vertebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40*l.*
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Ostology.
A superior ARTICULATOR always kept on the Premises.

J. H. also begs to state, that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth on moderate Terms.

45, Museum Street, Bloomsbury.

In Weekly Numbers, and in handsome Monthly Parts,

THE MEDICAL TIMES: a Journal containing all the Medical News—Valuable Lectures now in course of delivery (including those of Lawrence, Bransby Cooper, Guthrie, Brodie, Howship, Velpeau, &c.)—Original Scientific Papers—Hospital Reports—Medical Portraits of the most celebrated living Professional Characters—Scenes and Stories of Hospital Management—Critiques on the Coroner—Caustic Commentaries on passing events—Reviews of New Works—All the best Papers from the German, French, and Italian Journals—Provincial Intelligence—Scientific Societies—Notes, Notices, Promotions and Appointments, &c. &c. Price THREE-PENCE. Orders, Communications, and Books for Review, to be sent, post free, to the OFFICE, Wellington-street North, Strand, London.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c.—Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, New and Second-hand, at C. JOHNS' Medical Fixture Warehouse, No. 137, Drury-lane, one door from Great Queen-street.

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued, Estimates given, and Shops and Surgeries fitted up in Town and Country.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variations of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 30 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

HODGSON'S POTTED WELCH SALMON.—The surprising demand, and the various attempts of other parties to imitate this most delicious preparation, proves its superiority over every article of the kind yet introduced for SANDWICHES, TOAST, BISCUITS, &c. J. HODGSON now begs to caution the public against spurious compositions, and to observe that none are genuine, unless signed on the side labels, John Hodgson. In Pots at 1s. 3d. and 2s. 6d. each. To be had wholesale and retail, at the manufactory, Hodgson's British Wine Warehouse, 27, Union-street-east, Bishopsgate-street; and of all respectable Oilmen, Grocers, Druggists, and Fishmongers, in the Kingdom.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2s. and 3s. 6d. each; upon the express condition that should any quantity thereafter purchased of us at 18s. per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price Lists of the various kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.

HENRY BRETT and CO., Old Furnival's Inn, Holborn.

THE ANTIGROPELOS.—MR. WARNE, Patentee of the "ANTIGROPELOS," begs leave to solicit the attention of Noblemen and Gentlemen to his unrivalled Invention, by the use of which they are enabled to walk or ride, in the dirtiest weather, without soiling either their boots or trowsers. They are put on and taken off without trouble, worn without the slightest inconvenience, and cleaned in a minute with a wet sponge, while the elegance of their appearance renders them an ornamental appendage to the out-door costume. In soliciting an inspection of this highly useful Invention, the Patentee feels confident that he is enabled to offer what has long been a great desideratum to the fashionable world, as the inconvenience and unpleasantness of walking or riding in wet or dirty weather, which, in a climate so variable as England, generally prevails for nine months in the year, is too well known to need comment. The lightness and elegance of this Invention, and the easy accomplishment of the object sought, can only be appreciated by trial or inspection, at the Establishment of the Patentee, J. WARNE, 9, Henrietta Street, Covent Garden.

Many Scientific and Medical Gentlemen have signified their approbation of the Chunk Patent Stove.

EXPERIENCE has proved there is not a situation, in which any Stove could be made to answer, that the CHUNK PATENT STOVE may not be placed in to work satisfactorily, at a less cost and with much less inconvenience than any other, with the certainty that it will merit approbation. An extraordinary large quantity of the Chunk Stoves have been sold, and upwards of one thousand of them delight their possessors, by producing the most salubrious warmth ever yet obtained. It is possible, out of the immense quantity which have been sold, some may be improperly fixed; the Stoves would then, no doubt, be blamed for not acting, although the fault does not rest with them, but in the fixing. In such cases (if there are any) application should be made to Messrs. RIPPON and BURTON for proper directions, which are very simple, and, when attended to, the Stoves are certain to give the same satisfactory proofs which they have already given in upwards of one thousand instances; that they far excel all others in point of simplicity, safety, cleanliness, comfort and economy. To prevent that delay from being experienced, which with much regret Rippon and Burton acknowledge many have been subjected to, arrangements have been made for manufacturing five hundred Stoves weekly—the orders will, therefore, be executed with much greater dispatch than hitherto. Price for cash with order, at the Manufactory, 12, Wells-street, Oxford-street:—Plain, 60s.; Fluted, 70s.; Ornamented, 90s.; Package, 2s. 6d. They may also be had of every respectable Ironmonger in the kingdom, at 65s., 75s., and 95s.; but, as there are many Ironmongers whose interest it is to recommend other Stoves, which they have in stock, the Public are advised to seek the opinion of those who have the Chunk Stove in use, references to whom, in almost every part of England, will be furnished by RIPPON and BURTON, the sole Proprietors.—Wells-street, Oxford-street.

GOLD LABELS.

A NEW SET,

Engraved in Egyptian Letter for Bottles, Drawers, &c.

H. SILVERLOCK

Begs to inform his Friends that these LABELS are now ready, and that Catalogues, with a sketch of the Sizes and Pattern may be had on application at

3, Wardrobe Terrace,

through any of the wholesale chemists, or per Post.

This splendid Set of Labels, the most extensive and complete ever published, contains

SEVEN SIZES,

for Bottles, from the smallest size in use to the largest; also THREE SIZES Straight Labels for Drawers, and THREE SIZES Straight Labels with Ornamental Ends for Drawers.

The Prices vary according to the sizes, from 3s. per dozen. Address

H. SILVERLOCK,
Medical Printing Office
And Label Warehouse,
WARDROBE TERRACE, DOCTORS' COMMONS,

Where may be had every description of LABELS ready engraven and cut, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c., also Fancy Labels, in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in

THREE SIZES,

with the new names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 6d.	3s. 6d.
Large	1s. 6d.	5s. 6d.

In Books, Green or Yellow.

	£	s.	d.
Small Size, containing 1,036 Labels	0	17	6
Middle Size, " 1,120 "	1	5	0
Large Size, " 833 "	1	14	6
The Three Sizes in One Book, containing 3,008 Labels	3	10	0

CATALOGUES GRATIS.

ENGRAVING AND PRINTING
OF EVERY DESCRIPTION.

EYE-PRESERVING SPECTACLES.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	15	0 for Ladies.
Ditto, double joints	2	5	0 for Gentlemen.
Ditto, standard silver	0	15	0 for Ladies.
Ditto, double joints	0	16	6 for Gentlemen.
Ditto, finest blue steel frame	0	15	0 for Ladies.
Ditto, ditto, double joints	0	16	6 for Gentlemen.
Ditto, tortoiseshell frame	0	10	0 for Ladies.
Ditto, best black buffalo horn	0	7	6 for Ladies.
Ditto, strong steel frame	0	7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES, from 3s. 6d. to 2*l.* 12s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distances they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2	5	0
Ditto, Rosewood, inlaid with Pearl	4	0	0
Portable Pedimeat Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to	6	0	0
Most Improved Mountain Barometer	5	10	0
Ditto, Marine, from 3*l.* 10s. to	6	0	0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 28. Vol. 1. LONDON, SATURDAY, FEBRUARY 29, 1840. PRICE THREEPENCE.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

DR. KNOX, PROFESSOR OF ANATOMY, EDINBURGH.—NO. II.

Dr. Knox lectures con amore—his prelections are not mere repetitions of what has been said before him. He is not one of those rote repetitors whose sickening tediousness puts us in mind of the monotonous girations of donkeys turning mills. No! Nature is his goddess, and he is her high priest. Her works, indeed, are ever immutably the same, but they may be contemplated by the inquiring mind through an endless variety of media, and with innumerable relationships. Knox will often shirk dry anatomical details it is true, referring his hearers for information to *the subject* itself, which, though dumb with death, can discourse truly and eloquently to the willing auditor, unfolding the page of nature to his inquiring gaze. Thus, it is not so much in mere descriptive anatomy that he excels in his lectures, as in treating the philosophical relations of the science—into these he is somewhat too ready to diverge, but there it is he is seen to advantage. The comprehensive energy of his mind is displayed, and his vivid depiction carries conviction and interest home to the minds of his hearers. We have never heard anything to equal the short course of General Anatomy which he delivers periodically.

The Doctor is thoroughly imbued with the spirit of quizzing and sarcasm: he seldom delivers a lecture but some traits of humour and ridicule escape him. We well remember the quiet way in which he tells an anecdote as to *one of the causes of his quitting the army*, which we will give to the best of our recollection. "I went out," he says, "to Africa with the spirit of philosophic research strong within me, and this I ever indulged. Now, my respected teacher, Dr. Munro, had always been in the habit of informing his pupils that the os frontis of the elephant was *bomb proof*. I was one day, therefore, ascertaining the amount of impregnability to musket balls, when, unfortunately, the missile glanced off, fate having a *posterior object* in view, and it, unfortunately, took effect on a Hottentot lady. Now this was exceedingly unpleasant to my feelings as well as to hers, but I have the melancholy satisfaction of being able to impart to you the interesting physiological fact that Hottentot ladies are not *bum proof*." Handyside and Lizars are in the habit, at the commencement of each session, of displaying to their class the various standard works on anatomy, &c., with a view to direct the choice of books. A few sessions back Knox thus followed the example of what he termed "a certain fashionable and élite school," exhibiting to notice the folio of Albinus, and a dwarf duodecimo known as the "London Pocket Anatomist." "Here, gentlemen," he exclaimed, pointing to the first work, "we are indebted to our ancestors for this production, which, in its way, is almost unequalled, and has never been excelled; but it has been reserved to the present age to accomplish this," he continued, holding up the pocket abortion between his finger and thumb.—"Behold, gentlemen, the stupendous emblem of the progress of anatomical science in the present enlightened age!"

Our friend, like the rest of human-kind, is not exempt from his failings.—His imperturbable self-complacency often renders him unpleasant to his audience—unjust to his fellows. Nothing but what emanates from Old Surgeons' Hall in the anatomical line can be good. He abuses what he calls the washing-tub diagrams of Peter and Sandy (Handyside and Lizars).

> By G— it saves a world of talk
> To resort to board and chalk,

he remarks, which means either that he cannot draw a common diagram himself, or that he cannot afford to lose so much of the most sweet sound of his own voice as would be the case if he himself resorted to such ordinary means. Somewhat to the same cause may be attributed his exceeding the allotted time for lecture—often a great source of inconvenience to students. Dr. Knox has a most perfect contempt for the minor considerations of neatness of arrangement so characteristic of the Edinburgh schools generally, but we can assure him that however intrinsically beautiful anatomical science may be, a dirty dissecting-room and stale subjects are not calculated to inspire a beginner with partiality for it. We may also remark, that the Doctor is somewhat excessive in the pecuniary value which he attaches to his literary labours. Is it to this that we are to ascribe the discontinuance of Blainville's Lectures on Comparative Anatomy in the 'Lancet,' which were edited by him?

We must give Dr. Knox some credit for humanity, inasmuch as he suffers no experiments on animals to go on in his dominions, and always warmly expresses his dislike thereto. But, verily, we are oblivious—we had well nigh forgotten another pleasing feature in the character of our hero. Pardon us, *Brother* F——, thou part and parcel of our friend Robert—we proclaim to the world thy unrivalled excellence in putting up preparations, and the tranquil amiability of thy nature, which constitutes a pleasing relief to the rugged outline we have depicted—our tableau would be imperfect without thee.

The writings of Dr. Knox are numerous. He has contributed very largely to the 'Transactions of the Royal and Wernerian Societies,' especially on subjects connected with comparative anatomy. He has written on hernia, the growth of bone, the influence of muscular action on the pulse, among other subjects. In him 'Cloquet's Anatomy' found a worthy translator. His 'Edinburgh Dissector' was brought out in great haste, and contains many typographical errors. Yet, despite thereof, it is the best manual we are acquainted with, being written with the conciseness of expression and graphic power which pre-eminently characterize the author.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

VENEREAL DISEASE—ITS DIVISIONS; HISTORY; AND GENERAL TREATMENT.

The various appearances which are included in the term syphilis, fall under two general divisions—the *primary* and the *secondary* symptoms of the disease. The *primary* symptoms consist of those which are immediately produced by the application of the poison to the human body—that is, ulceration, and swelling of the glands consequent on this ulceration—primary ulceration and *bubo*—for this is the term technically given to those glandular swellings of the groin which arise from ulceration taking place on the generative organs of either sex. These ulcerations are very commonly called chancres, so that when we speak of the primary symptoms of syphilis, we say they consist of *chancre* and *bubo*. The *secondary* symptoms consist of various affections of the skin, of the throat, tonsils, and mouth, of the eye, the nose, the ear, the testicle, the bones, and the joints. These latter are what is called *constitutional venereal disease, constitutional syphilis, lues venerea*—in a word, the constitutional form of the disease. The occurrence of constitutional symptoms is not necessary to constitute syphilis; syphilis may consist simply in the presence of the primary symptoms I have just mentioned—that is, of ulcers on the generative organs, with or without bubo. All such primary affections are not uniformly followed by secondary symptoms. If you take a given number of patients with primary symptoms, whether you employ any treatment for them or not, you will only have secondary symptoms in a certain proportion of cases. This proportion has been differently stated by different observers: some have said that secondary symptoms take place in one out of three; others say that the secondary symptoms do not happen oftener than once in twenty cases of primary disease; but, at all events, you will occasionally have syphilis, recognised as such, without any secondary symptoms following. Now the word syphilis, as I have explained it to you, does not denote an affection of any single organ of the body; it is more like the term scrofula—it is a general one, under which is included a variety of diseases of various textures and organs of the body. It is generally supposed that syphilis was not known to the ancients, at all events we meet with no clear description of the disease till the end of the 15th century. There are scattered notices of ulcerations occurring on the generative organs, both in old medical writers, and various other authors who flourished before the time that I have mentioned; but we do not find in any of them an account of the disease according to the view which we now take of it ourselves;—and, in particular, we do not find in any instance an account of what we call constitutional symptoms—at all events we do not find a reference to any particular appearances of disease such as what we understand by secon-

dary—that is, having primary symptoms as their source,—we find nothing of this kind in any writings prior to the very end of the 15th century. Now about that period two remarkable events took place. The first of these was the discovery of what was called the New World by Columbus; who returned from the island of Saint Domingo to Spain in 1493, after discovering the islands of the West Indies;—the other event to which I have alluded was the invasion and conquest of Naples by Charles VIII., king of France, who entered that city in the year 1495. Now the origin of syphilis has commonly been referred to one or other of these two events. Many have believed that syphilis was a disease originally epidemic in the West Indies, in the part that was first discovered by Columbus—the Island of Hayti; that it was brought to Europe by the companions and followers of that navigator, and was thence disseminated over this part of the world. For my part, I can see no direct evidence—in fact, no evidence at all, that syphilis existed in the island at the time that Columbus discovered it; certainly no account of any such affection is given in the original narrative of the expedition of Columbus, nor in the earliest accounts published of what was seen and observed there; and the idea of the origin of the venereal disease in the West Indies, in the way that I have mentioned, is first suggested by writers who went to Saint Domingo some time after it was visited by Columbus.—Farther, we find, on examining the historical evidence upon this subject, that there are unequivocal traces of the existence of the venereal disease in Europe some years prior to the discovery of Hayti by Columbus. We meet with passages in the writings of authors who lived eight or ten years before that time, which show that the venereal disease was then not unknown. There is, in particular, a passage from a letter of Peter Martyr, who filled an important situation in Spain, dated 1488 (before the time that Columbus made the discovery), which affords unequivocal proof that the venereal disease was known at that time. If the venereal disease had been found by Columbus and his crew in Saint Domingo—if they contracted it and brought it back to Europe, we should expect to find that it had first existed in Spain, and that it had extended from Spain over the rest of Europe. Now we do not find that such was the case. If we consider that the venereal disease first originated at the time alluded to, it appears that it had broken out in Italy or France, not in Spain; and the name by which the disease was known in the first instance, points out this circumstance clearly. The name that was first given to the venereal disease, and which, in fact, it has retained up to the present day, is *morbus Gallicus*—the *French disease*. It was called by the Germans the *French pox*; that was the familiar expression in this country, and is known up to the present time. The French do not seem to have liked this name, and they called it the *Neapolitan disease*. But, at all events, it was known by one or other of these names—nobody thought of calling it the Spanish, or the Haytian disease—they gave it no name that denoted its origin to have been either in Spain or in the West Indies.—I conceive, therefore, that we may reject entirely the idea of the venereal disease being originally epidemic in the West Indies, and being imported by Columbus and his crew into Europe. If we reject the hypothesis of the West Indian origin of the disease, we may next inquire whether there is any clear proof that the disease broke out at Naples or Italy at the invasion of that country by the French, and whether it was conveyed by the military who accompanied Charles VIII. to France and the northern parts of Europe? I cannot say that it seems probable that the disease should have occurred at that era of the world; we cannot trace out any peculiar circumstances in the state of those countries at the time that would throw light on the origin of this strange affection. Hence we cannot be surprised that many of those who have examined the historical evidence upon this subject, have come to the conclusion that syphilis existed before either of these events. The circumstance of its not being accurately described may have arisen from persons not having observed it with great attention—not having taken cognizance of its symptoms, nor sufficiently understood those which we now know to be connected with each other. At this distance of time it is difficult for us to arrive at satisfactory evidence upon the subject, and it is not important that we should—it is only a question of curiosity. For my own part, I cannot help entertaining the opinion that the venereal disease existed long before the events that I have now alluded to—in fact, that it is just as old as the promiscuous intercourse of the sexes, which we now find to be constantly connected with it. There is no instance that we know of in which promiscuous intercourse takes place, that the venereal disease does not exist; at all events, this shows itself clearly as an important circumstance in aggravating and extending the disease. The greatest difficulty in the way of this belief is the silence of the old writers on a subject which to us appears so extremely important: we must consider, however, that both in the writings of the ancients, and of the more modern authors who wrote shortly before the end of the 15th century, we find various passages in which ulceration is mentioned as existing on the generative organs of both sexes. We find mention made of buboes, and we find clear evidence that a belief existed that such appearances could be communicated from one individual to another by sexual intercourse. There is a curious document published by Astruc, who is the author of a work, in which he collected together all that was known respecting the venereal disease at the time he wrote. He gives a curious document, which shows that at a period long anterior to the discovery of the West Indies, or the invasion of Naples, the possibility of communicating the disease in this way was recognised, and even made the basis of legal provisions. The document I allude to is an ordinance published by Johanna, Countess of Provence, and Queen of the Two Sicilies in 1347. She seems to have exercised a very maternal kind of care over the subjects committed to her charge, for this ordinance establishes a public brothel, and lays down regulations for its conduct and management. It seems strange that a young queen should undertake a business of this kind; but the truth is, in foreign countries there were various similar establishments recognised by law; and in this moral town itself, about the same time that Queen Johanna granted this privilege, there was a public brothel in Southwark, under the care of the Bishop of Winchester, and the regulations and laws relating to it are still extant. Now in this document Queen Johanna sets out with ordering that all the girls who resorted to the establishment should wear a red epaulette or shoulder-knot on the left shoulder; she then points out in what part of the town it should be situated, and what is singular she directed that it should be placed near the convent of the Augustine friars—a situation that she perhaps thought would be convenient for the inmates of both establishments. But the important regulation is the fourth: she there directs that every Saturday a barber, deputed by the consul of the town, should examine all the girls of the establishment, and if it was found that any of them had contracted illness "by fornication," that they should be set apart from the rest, and not allowed to exercise their calling, lest the young men should contract the disease. It thus clearly appears that a knowledge existed that this particular kind of disease could be communicated from one person to another previous to the period that has generally been supposed to be the epoch of its origin. This document is dated 1387—you will find it in the work of Astruc; and I may say generally, that if you feel a curiosity in investigating minutely this part of the history of syphilis, you will find a collection of all the documents regarding it in that work. I do not lay so great a stress on the silence of the older writers as some who have considered this subject have done. It does not appear to me very extraordinary that they should not have given what we can call a clear description of the venereal disease. They may not have understood the nature of it—they may not have understood the relation of the various symptoms to each other. Supposing we saw a person with a certain eruption—we should not know, unless we had been previously informed of it, that such eruption arose from a sore that had existed weeks or months before. A long time must have elapsed before the mutual dependence of the symptoms of this disease on each other was recognised—a long time would elapse before such a description of the disease could be given as we should recognise as approaching to a correct one. We find many instances in the history of our art, where things that appear very clear have been overlooked for a length of time. Though it had been long known, and various physicians had written on the subject of small-pox, yet people did not know that it was contagious; this is a circumstance of modern discovery. The small-pox, measles, and scarlet fever, were confounded together for centuries, and no distinction was made between these three affections till a comparatively recent time; indeed between the measles and scarlet fever, no distinction was made till about the middle of the last century. That the mere silence of persons who have written on a subject, respecting some parts of its history, does not prove that what they omitted to notice did not exist, we have clear evidence from other considerations. Mr. Hunter must be deemed to have been an acute observer, and he took great pains in investigating the venereal disease;—Mr. Pearson also gave his attention to it; and yet neither of these were acquainted with gonorrhœal ophthalmia or syphilitic inflammation of the eye. Now if persons, two or three hundred years hence, should argue that these affections did not exist, because these writers did not observe them, they would come to a wrong conclusion; and I think a like error is committed by those who argue that the disease did not exist in ancient times, because the medical writers of that period did not furnish a clear description of it.

Syphilis can only be produced by poison communicated from a diseased to another person. In the great majority of instances, this morbific influence is conveyed by the secretion of a sore, which is applied to the sound surface of a healthy part, and produces the primary symptom of the disease in that part—namely, an ulcer. That the matter or pus, thus secreted from a primary venereal sore, is capable of infecting another person to whom it is applied, is quite unequivocal. The next question will be, is the poison conveyed equally by the matter formed in a bubo? That I do not know. Is the infectious power present in the secretion of a secondary ulcer? I believe it is not. Farther: the venereal infection is conveyed by the blood of the mother to the child in utero, especially when the mother labours under the secondary or constitutional form of the disease. Whether it is equally conveyed by the primary form of the disease, I am not exactly aware. A question naturally occurs, whether a female can receive the disease by cohabitation with a man who has secondary symptoms? This is a question rather difficult to solve. We find it difficult to arrive at clear evidence on that point, because, when we come to examine particular cases, the motives for concealment and misrepresentation are so strong (as these are questions that occur in married life, and in which the honour of the party is concerned), that we cannot obtain evidence on which we can entirely rely. I will only say, that I have seen some instances in which, from all the inquiries that I could make, I was led to conclude that syphilis had been conveyed in this way, from the husband to the wife—that is, the husband when labouring under constitutional syphilis, by cohabitation with his wife had conveyed the disease to her. I do not see any difficulty in admitting the transmission of the disease in this way. The communication of syphilis from the mother to the child in utero, shows that the blood of the mother becomes affected; and if blood transmits the disease, I do not see why seminal secretion should not communicate it. This is a point, however, about which I am not clear. We frequently meet with the expression venereal *poison* or *virus*; and we are naturally anxious to know what the poison or virus is. The only description I could give would be this—that it is that state of secretion of a sore which, by contact, is capable of producing a similar sore in another person;—that it is the state of the blood of the mother which renders it capable

of communicating the affection to the child in utero; but what these particular states are, we are unable to determine—that is, we have no sensible signs, we know of no characteristic changes, by which the matter of a sore, or the blood of a pregnant woman under such circumstances, differs from ordinary matter or from ordinary blood; we only know that the poison exists, by its effects. When, therefore, we read of the venereal virus "entering" the constitution, or being "expelled" from the constitution—or of the constitution being "impregnated" with it, or of its "lurking" in the system—these are so many vague expressions, which have no precise meaning.

The next point of inquiry is, whether there be one kind of poison only, or more venereal poisons than one? Now inasmuch as the real nature of the poison—that is, the real source of the symptoms—is so far unknown to us, this question resolves itself into another: whether, among the various symptoms that we recognise as syphilis, there are such differences, and observed under such circumstances, as to induce us to refer them to different sources? We must acknowledge, on a superficial view of the subject, that there is a considerable diversity in these symptoms, to which we give collectively the simple name of syphilis, or venereal disease—that there is a diversity, whether we regard the primary or the secondary symptoms. The primary symptoms may be a simple abrasion, or an excoriated ulcer, or an ulcer with induration, or a phagedenic or a sloughing ulcer. Syphilis may consist either of an ulcer alone or with a bubo, or it may consist of those primary symptoms followed by papulæ, tubercles, or scaly eruption, or by ulceration of the skin—or by superficial or excavating ulcer of the tonsils—or by swelling and enlargement of the bones, or of the periosteum, or of the joints. Heretofore all the appearances called syphilitic were referred to one source—they were considered only as the various effects of one poison. In more modern times, and more particularly by Mr. Hunter, a distinction was attempted to be drawn, derived from the effects of mercury. When the disease got well without the administration of mercury, it was considered not to be syphilitic; and those diseases arising from sexual intercourse, which got well under the use of mercury, were considered to be syphilitic;—this criterion was drawn from the effect of that particular remedy. Mr. Carmichael, of Dublin, has written an Essay on the Venereal Disease, containing the result of his observations, and giving many excellent practical rules for the treatment of such affections. In this work he has advocated the opinion of a plurality of poisons, for the result of his investigations has led him to believe that there are more poisons than one. He has attempted to show that each particular kind of primary ulcer is attended with its peculiar set of secondary symptoms. He has, therefore, connected together the primary ulcers with the secondary symptoms, which he considers particularly to belong to them; and he has thus established, in his own opinion, the existence of four distinct kinds of affection, which he considers as the result of so many different poisons. I am fully aware that many of the distinctions which Mr. Carmichael has pointed out are founded in observation; and if you read his book, you will recognise the justice of many of his remarks; but I should not say that the combinations of symptoms which he has pointed out are so constant and invariable as to lead me to adopt the same conclusion that he has arrived at, of the existence of four distinct poisons; for I find that the particular kinds of appearances are more mixed together than he is willing to allow, and that the symptoms are not met with in so pure a state as he describes them. I cannot go with him, therefore, in adopting the idea of these four kinds of venereal poison; at the same time I recommend to you strongly his work on Venereal Diseases, as perhaps the best practical treatise on the subject. Now, in investigating this point, about the unity or plurality of syphilitic poisons, if we come to propose a test, we find our knowledge of the subject to be extremely imperfect. We do not know, for instance, whether each particular sore propagates its like or not. We cannot say that phagedenic ulceration in a woman will give rise to phagedenic ulceration in a man; nor can we venture to assert that the existence of ulceration at all in a woman is necessary to the production of ulceration in a man;—so that this very first point in the natural history of the disease is at present very obscure. We want evidence on the subject, and, in fact, we are likely to want it; because we cannot make experiments—we cannot inoculate with this as we do with the small-pox. I had a woman under my care in the hospital—a married woman, who had contracted the disease from her husband; and in her it consisted in extensive phagedenic ulceration of the nymphæ, which had nearly destroyed one of them. At the same time, the husband of the woman was an outpatient, and he had got a superficial sore on the prepuce, which had no phagedenic character; yet this disease in the man gave phagedena to the woman. Dr. Fergusson, who was inspector of hospitals in the British service in Portugal, had occasion to see an officer labouring under chancres, with a highly-inflamed state of the parts, proceeding to sloughing, in consequence of sexual intercourse that he had had four days before; and he had been guilty of no impropriety to produce this bad state of the sores. Dr. Fergusson, with great difficulty, by active antiphlogistic treatment, prevented mortification of the penis. However, the gentleman had contracted the disease from an opera dancer at the Lisbon theatre, who went on, having intercourse with other persons and infecting all of them, yet dancing all the time, as if she ailed nothing. Mr. Evans, an English military surgeon, had an opportunity of being present at some inspections of women of the town in France, where they are obliged to undergo examination by order of the police. In some instances he saw more than a hundred of these women examined, yet he observed little disease among them,—and such disease as there was consisted in slight discharge and excoriation; but, at the same time, some British soldiers who had intercourse with them exhibited numerous instances of ulcerations of the ordinary character, which they could only have contracted from those women, who had no ulcers. Again: it has happened, both in military and civil life, that different individuals have had intercourse, in rapid succession, with one and the same woman:—one has contracted gonorrhœa, another has had a sore, and perhaps a third has escaped without any disease at all. We are, therefore, much in the dark respecting the primary point in this investigation;—we do not really know whether the particular forms of the disease propagate the same forms to other individuals; we do not, in fact, know the circumstances under which each particular form of disease arises. If we view syphilis collectively, we should say that, although it is a disease of an inflammatory character, it is rather chronic than acute; that it is not marked by high inflammation, not rapid in its progress, not attended with serious constitutional disturbance; yet particular symptoms often show high inflammatory action, and well-marked fever.

Respecting the natural course and termination of this disease, the most erroneous opinions have prevailed. Even until quite modern times, it has been represented that syphilis is essentially destructive in its nature—that it destroys, by ulceration, the particular organ in which it is seated, at the same time that it proceeds from one part to another with unrelenting fury (according to the description of some who have written on it), and that, in fact, its ravages can only be combated by mercury—and that if mercury be not exhibited, it is sure to produce the destruction of the individual in whom it takes place. Such is the picture usually given of syphilis; and this, in fact, was the general opinion at the time that Mr. Abernethy published his 'Observations on Diseases resembling the Venereal;'—and before he published that treatise, he took the pains of applying to several of the most eminent surgeons in London, to ascertain what was the opinion of the profession on this point. He applied among others to Mr. Cline and Mr. Pearson, two gentlemen in whose experience and judgment he probably placed the greatest confidence. Now all to whom he applied were unanimous in opinion, that the action of syphilis was regularly progressive—that it destroyed the part in which it commenced—that it proceeded from part to part until it destroyed the individual, unless its course were checked by mercury—and that mercury was the only means by which its ravages could be arrested. Now the lapse of a very few years has sufficed to overthrow this generally received notion. It has since been clearly made out that every symptom of syphilis can be cured without mercury; that there is not a single symptom of the disease which may not, if left to itself, come to a natural conclusion; and that, if left to its own course, it will wear itself out in time without destroying the individual. Indeed, so great has been the revolution of opinion on this subject, that some persons, and those of considerable experience and judgment, have adopted the opinion that mercury itself is the source of those secondary symptoms that are ordinarily ascribed to syphilis, and they have proscribed it entirely from their practice. However, the opinion which I have above mentioned had been generally prevalent in the profession for a long series of years. It was the opinion entertained by Astruc and by Hunter, and is the basis on which his reasoning in his work on the venereal disease proceeded. It was the opinion entertained by Mr. Abernethy, being adopted by him from Mr. Hunter; and it is the foundation on which the views on this subject promulgated by Mr. Abernethy rest. Now the very extensive prevalence of this completely erroneous notion, and the firm faith with which it was held, are calculated, in my opinion, to teach us a very salutary lesson—that of examining for ourselves the foundation of generally-received doctrines—that of placing very little confidence on the authority of the greatest names when they relate merely to matters of opinion.

The most important feature in the natural history of syphilis is the progress of the complaint from one part of the body to another; the succession of symptoms which it shows in the various organs and textures, and frequently the return of the disease in the same organ or texture after it has apparently ceased. Some forms of the disease are attended with much suffering, great local destruction, and a considerable constitutional disturbance. When we find that the symptoms are capable of showing themselves from time to time in different parts; when we find that they can come on again and again in the same part; when we find they require, as they frequently do, the employment of vigorous methods of treatment, which exert a powerful influence on the animal economy, we cannot wonder that the constitution should be enfeebled by the progress of the disease, and that the patient should sometimes ultimately sink under it. In this point of view, therefore, the nature of syphilis, although not so essentially destructive, as it was before imagined to be, is sufficiently serious. I may observe, however, that the description I have now given applies only to a small proportion of cases out of the whole number; it is only in a few that such frequent recurrences—such obstinate relapses—take place; and the instances are few indeed in which it proves fatal in this way.

GENERAL TREATMENT.

With respect to the treatment of syphilis, considered generally, I have already mentioned the notion of mercury being the only means by which it was supposed possible to control or arrest the progress of the disease; and this belief was very generally held in the profession, from the time that I have mentioned, as the supposed origin of syphilis, till within the last few years. It must be observed, however, that when we come to inquire minutely into the matter historically, we find that there were always persons who had some doubts on the subject—that this opinion, although so extensive that it may be considered to have regulated the practice generally, was not absolutely universal. It was found that mercury, in many instances, itself produced prejudicial effects; that in many instances, a disease that was supposed to have been cured by mercury came on again, and thus the remedy was seen to be imperfect. Hence surgeons at all periods since the disease has been well known, have turned their attention to the discovery of some other means by which the symptoms might be more effectually controlled. Thus, from time to time, various other

articles have been proposed as remedies for the venereal disease; and cases have been published in which these articles, various as they are in their nature, are said to have produced the desired effect of curing the complaint. Now, according to the prevalent notion of mercury being the only cure for the venereal disease, when a cure was stated to have been produced by other means, as sarsaparilla, nitric acid, or various other things that were proposed, why it was said these patients got well, because it was not the *true* venereal disease. Now we can have no doubt that these cases were as truly syphilis as any other. We can have no doubt in admitting further, that those cases which were supposed to be incorrectly reported, or not properly belonging to the venereal disease, were really syphilitic cases, and were actually cured by those means. The clearest evidence on the subject, however, respecting this point—that mercury is not necessary to cure the venereal disease—has been afforded principally by the investigations of the late Mr. Rose, surgeon of St. George's Hospital. Having frequently occasion to treat the venereal disease, in consequence of being attached to one of the regiment of guards, he directed his attention to the investigation of the subject. In consequence of some doubts of the specific power of mercury over the disease, and of the absolute necessity of this remedy to arrest its progress having sprung up in his mind, he determined to put the point to the test of experiment. He had charge of a batallion of the Coldstream Guards; and as they were stationed in London, and were in constant intercourse with the lowest prostitutes of the town, they afforded him abundance of cases. He determined to treat all the primary symptoms that might occur in the regiment simply by common antiphlogistic means, and not to employ any mercury, let them have either the characters supposed to be those of true syphilis or any other. He resolved, in short, that all should be treated without mercury. The result of his experience is contained in a paper published in the eighth volume of the 'Medical and Chirurgical Transactions.' After he had been following this plan for the space of two years, he found that all primary syphilitic symptoms whatever could be cured without the employment of mercury: whether they were indurated chancres, superficial sores, or whatever character they might have, ordinary antiphlogistic means simply, with rest and reduced diet, were sufficient to conduct these cases to a cure; and, in fact, for that length of time he employed no mercury in the treatment of any primary or secondary syphilitic affections. He says, that in most instances the cure was slower than if mercury had been employed, though in some the sores healed rapidly. It appears, too, that perhaps there was a greater number of secondary affections, but that those secondary affections were always mild, and that they gave way to simple treatment, without mercury. Thus he established, on the clearest evidence, that mercury is not necessary; he overturned the hitherto prevalent notion of mercury being absolutely required for arresting the progress of the disease, and showed that the disease does not possess that supposed destructive character which I have before alluded to. In my opinion, this is the most important step that has ever been made towards understanding the nature of the venereal disease; and I should place the truth, thus established by Mr. Rose, in value far beyond any of the speculations or views that are contained in the work of Mr. Hunter on this subject.

In consequence of this paper of Mr. Rose, the non-mercurial treatment of the venereal disease was extensively tried in the British army, and registers was kept of the result of such treatment; so that I believe at the Army Medical Board there are now registers showing the result of the treatment of the venereal disease, both with and without mercury, amounting to many thousands of cases, thus affording ample means of making comparative estimates of the two modes of proceeding; and the results, so far as the non-mercurial treatment goes, will be found sufficient to confirm the conclusions which Mr. Rose arrived at—namely, that mercury, although it might facilitate the cure under certain circumstances, was not absolutely necessary to effect it.

In other countries as well as this, similar investigations have been made with similar results; and the consequence of these inquiries has been a great revolution of opinion on the subject, and a corresponding change in practice. Persons who have the venereal disease are now no longer doomed to go through those long and severe courses of mercurial treatment which they underwent heretofore, when mercury was supposed to be a specific, and absolutely necessary to the cure of the disease. I have seen so many cases in which the disease might get well without mercury, but in which it has got better more quickly, and with less effect on the constitution, than without mercury, that though I fully agree in the modified employment of mercury, and in the propriety of using it more sparingly, I cannot go so far as to discard it from practice altogether. I still think it a valuable remedy, capable of being very useful in the treatment of venereal diseases.

SPIRIT OF THE MEDICAL PRESS.

CASES OF UNUNITED FRACTURE TREATED AT THE NEW YORK HOSPITAL, BY JOHN S. HEARD, M.D., LATE HOUSE-SURGEON.

Passing over an enumeration of the various modes of treating ununited fracture that have been resorted to, Dr. Heard describes the following, and pins to it some remarks which we shall quote. *Removing the extremities and connecting the fragments by silver wire.*—All these different methods having occasionally failed in effecting bony union, *it occurred to Dr. J. Kearny Rodgers, one of the surgeons of the New York Hospital, that if, after removing the extremities of the fragments and exciting their periosteum, he could keep them in apposition for a certain period, firm osseous union would ensue.* He accordingly, after sawing off the extremities of the fragments, drilled a hole in the end of each, and passing a silver wire through, drew the bones together, and kept them in co-aptation until firm union was effected. Subsequently, Drs. Mott and Cheesman, colleagues of Dr. Rodgers, were likewise successful in inducing bony union by the same operation. This operation had not, we believe, been adopted in any other place than the New York Hospital. Indeed the only notice of it that I have been able to meet with, is in a report of a clinical lecture by Mr. Liston, in which he makes these remarks:—'A proposal has, I think, been made, to denude the ends of the bones, drill holes in them, and connect them by a silver wire. It is too artificial a mode of proceeding, and I should fear, that from exposure and bruising of the ends necessary for accomplishing the object (for perforation cannot be made unless by denuding the bone freely, and holding it securely by some contrivance until the object is accomplished), that necrosis, instead of union would be apt to follow.' Now, what Mr. Liston means by 'too artificial a mode of proceeding,' is not very apparent: in what is it more artificial than Mr. White's method? In the simple passing of a silver wire; and is an operation, although successful, to be abandoned because it is artificial? Surely this rule would have a very limited application in surgery. And as regards 'necrosis instead of union' being more likely to follow, it will be sufficient to state that this operation has hitherto never failed of success. And are we to refuse to adopt a sure plan of treatment, although it be severe, for one which, though less so, still, occasionally, is of no avail? Dr. Heard reports five successful cases and one unsuccessful, in which this operation was performed. Whatever the à priori objections to it, the facts deserve consideration.

FŒTUS FOUND IN THE TESTICLE OF A MAN BY M. VELPEAU.

J. Gallochat, of Esternay, 27 years of age, was admitted into the Hospital of La Charité towards the middle of January last. On the right side of the scrotum there was a tumour as large as the fist; it was not easy to determine the nature of this tumour. Some regarded it as cancerous; others as fibrous; others, again, as tubercular. I could not coincide in any of these opinions. The tumour was congenital; free from pain on pressure, and had never caused any pain; the surrounding skin was not changed in appearance, the body of the tumour was elastic, and a string of hair projected from an ulcer on its posterior surface, which occasionally discharged a glairy fluid: I therefore concluded on the existence of a fœtal tumour or product, analogous to that of conception. Having obtained some further information from the medical man who had attended my patient in early life, and which confirmed me in my opinion, I determined on removing the tumour. Its examination enabled us to discover, in the interior, almost all the elements of the body of a mammiferous animal. The external layer is evidently cutaneous, its substance being composed of lamellæ resembling the cellular, adipose, fibrous and muscular tissues. In the interior we found two small cysts, containing a matter similar to the vitreous humour: another cyst, as large as a partridge's egg, which contained a greenish fluid like meconium. In a fourth sac was a mass surrounded by hair; and on examining this mass, under the microscope, it was found to present all the characters of sebaceous matter with epidermoid scales. Finally, in the midst of the substances now described, we found numerous portions of the skeleton perfectly organized, and composed of true bones, not of accidental productions. The bones, which were inclosed in a species of periosteum, may be distinguished into three groups; the first is composed of three portions, which seem to represent the clavicle, scapula, and a part of the humerus; the second, much larger than the former, belongs either to the pelvis or the base of the cranium; the third group comprises portions of the vertebræ, or of bones which we cannot designate. The different parts, then, which I have the honour of laying before the Academy, incontestibly belong to a product of conception, but how are we to account for their existence? I do not find that a monstrosity, similar to the one now noticed, has been described by terratologists. In monstrosities of inclusion, described by Dupuytren, St. Hilaire, and Olivier, one of the fœtal formations, absorbed by the other, has been constantly found inclosed in a cyst, and existing as a foreign body. In the examples related by St. Donat, Prochaska, &c., of remains of a fœtus discovered in the scrotum, the tumours were always encysted, the bones necrosed, and the organic tissues destroyed by suppuration or decomposition. On the contrary, in my case, the parts had continued to live; the tumour had a colour, consistence, and sensibility peculiar to it, and completely independent of the individual to whom it was attached. A well-marked line separated its integument from that of the scrotum. I pinched it, pierced it with various instruments, without causing the least sensation in the young man; he himself has often pierced it with a knife without causing any pain. Again, when we reflect that the tumour was as large as the fist, but was scarcely noticed by the surgeon who saw the child, at the age of four months; that it was at first mistaken for a pneumatocele, and then for a small phlegmonous abscess, it is difficult to conceive that it

was as large at birth as when removed. A mass so considerable, in a child a few months old, would certainly have attracted attention; we should also remember that, according to the medical man's account, the tumour continued to grow up to the age of eighteen years; hence we are compelled to conclude that the portions of fœtus *lived, were developed together with the individual, and that there were actually two individuals.* Did this state take place during intra-uterine life, or did the imperfect fœtus descend from the abdomen with the testicle, or was it generated in that portion of the body?—*Gaz. Méd. de Paris*, Feb. 15, 1840.

ON THE SYMPATHY BETWEEN THE CEREBELLUM AND THE TESTES, BY DR. J. BUDGE, OF GREIFSWALDE.

It is well known that Gall places the organ of the sexual appetite in the cerebellum; and the remarks of subsequent physicians have often been directed to the subject, though without having yet arrived at any definite result. For even if one collects all the known cases of diseases of the cerebellum, as Burdach has done, one finds, indeed, that an actual affection of the sexual organs has occurred in no small number of such cases, but that in a great number, nay, even in the majority, none such has existed. In like manner cases have occurred to every observant physician which are favourable to such a connexion of the two organs; and, again, others which, though in other respects similar, afford no such evidence. A more certain and incontrovertible proof is wanted; and I have at length succeeded, by experiments on numerous animals, in demonstrating this influence of the one organ upon the other, in the most simple, distinct, and certain manner.

For these experiments old cats are the best animals that can be employed; and they may be made upon them either during life, or still better immediately after death. The experiments were repeated so often, that there could not be the least doubt in regard to their result; and though, in some animals, the phenomena were far more marked and distinct than in others, yet in all they were so similar, that the relation of one will sufficiently illustrate the whole. In a twelve-year old male cat, who had been killed by a wound of his heart, the whole of the skull was removed as quickly as possible, and then the abdominal cavity opened, and both testes, with their spermatic cords and vasa deferentia, exposed, all of which occupied but a few minutes. Not the slightest motion was observed in the testicles. I now stimulated the cerebellum with the point of the knife; and I had done so for scarcely so much as three seconds, when one testicle raised itself up, and moved from the spermatic cord on which it had lain, so as to form nearly a right angle with it. At the same time it became more and more tense. The more I irritated the cerebellum, the more the testicle moved. I stimulated hither and thither, but the two testicles were never moved at the same time. I soon discovered the cause of this remarkable fact. When I stimulated the right lobes of the cerebellum, and the right half of the commissure, the left testicle always moved; when, on the other hand, I stimulated the left lobes, and the left half of the commissure, then as regularly the right testicle rose up. I had thus the movement of the testes entirely under my control, so that I could make one or other move as I wished; and I continued the experiment for full half an hour. The cerebellum is, then, the part at which the nerves of the testes have their terminal point; the nerves also cross each other in the brain as those of all the rest of the body do; and they must lie tolerably superficially in it, because a deep irritation does not succeed in producing the motion of the testes. It seems probable to me, that the union of the nerves takes place in the region of the first cervical vertebra, because stimulus of this part of the cord is very often accompanied by erection and discharge of semen, as in the hanged, &c. This simple observation is of the greatest importance in many physiological and pathological phenomena. Thus from this connexion, the hitherto inexplicable sympathy between the testicles and parotid gland is accounted for by nervous communication. Perhaps also the relation of the testes to the growth of the beard is explained by this connexion, since the trigeminus nerve may be traced in its ultimate roots to the part where the union of the nerves of the male sexual organs may be conceived to take place; and the nervous trigeminus is distributed in the face, and, most probably, contains organic fibres, which are concerned in the growth of the hair. It cannot be thought remarkable, that in so many diseases of the cerebellum, the sexual organs should still not suffer. For, in the first place, the whole cerebellum is certainly not to be regarded as the central point of the sexual nerves, but only a part of it; and if this part does not suffer, the sexual organs will remain healthy; and, in the second place, one would be wrong in thinking that every disease of the cerebellum must act in such a manner on those organs as to procure a distinctly observable disease. One may suppose that if the part whose the nerves meet were compressed, impotence would probably result; but how many men are impotent without even knowing it.—*Muller's Archif. Heft.* v. 1840.

DISEASES OF CHILDREN, BY DR. RAMISCH, OF PRAGUE.

Case I.—Death from Lumbrici.—A child, aged three, was thrown into epileptic fits by the slightest cause; it was more sensitive and irritable every month, and the attacks appeared to become almost periodical. At last it was suddenly seized with convulsions, and died. On examination, the sinuses of the dura mater were found to be congested, and there was some serous exudation in the vetricles. The stomach was puffed up with air, the liver full of blood, and the spleen small. In the small intestines several firm and knotty elevations were observed, on the upper surface of which some redness was here and there to be seen. These intestines contained a considerable quantity of thick mucus, and eleven large lumbrici, which by their various twisting formed the elevations, and in some places almost entirely filled up the aperture of the intestine.

Case II.—Purulent Discharge from the Ears.—A boy, aged ten weeks, being convalescent after *febris hydrocephalica*, had a purulent discharge, first from one ear and then from both. Against this the author prescribed nothing but cleanliness, ordering the ears to be washed out with tepid water, and to be carefully wiped with a piece of fine linen. As long as the discharge was confined to one ear, he directed the child to lie on the same side, but afterwards on each side alternately.—When an inclination to costiveness came on, he provided for a due evacuation of the bowels by a mixture of fennel water with tincture of rhubarb, magnesia, and syrup of manna, or syrup of succory and rhubarb.

Case III.—Injurious Use of Opium.—A child, aged four months, had a diarrhœa, and the ordinary medical attendant prescribed a powder consisting of one grain of Dover's powder and six grains of white sugar; on which the diarrhœa immediately ceased, but the patient became indifferent to every thing, and would not take the breast. The author being called in, found the child almost in a state of sopor, with its eyes sometimes shut and sometimes half open, but they were lively when the child appeared to wake. There were no stools, the abdomen was by turns soft and tense, the tongue clean, the pulse and temperature of the skin unaltered, and the child did not seem to suffer any pain. The author ordered the abdomen to be fomented with cloths dipped in an infusion of the *species aromaticæ*, and a teaspoonful of the following mixture to be taken every hour:—

℞. Aq. Fœnicul. ℥ij.
Tr. Rhei aquos, ℥j.
Magn. Carb. gr. vj.
Syrup Fœnicul. ℥iij.

The child soon recovered.—*Weitenweber's Beiträge Schmidt's Jurbücher.—Trans. in Med. Gaz.*

EXPERIMENTS UPON THE MOTOR AND SENSITIVE ROOTS OF THE NERVES, BY DR. KRONENBERG, OF MOSCOW.

These experiments were, in part, suggested by those of M. Magendie, which we published in our number for the 3d of August, and from which it was deduced, that the anterior roots of the spinal cord acquire a certain slight degree of sensibility by means of a circle of sensitive nervous influence, which passes from the posterior columns through the posterior roots, the ganglion and the anterior roots, to the anterior columns of the spinal cord. Other somewhat similar experiments showed that the facial nerve acquired the share of sensibility which a portion of it possesses from its communications with filaments of the fifth pair. The experiments which Dr. Kronenberg made were as follows:—The facial, before its union with the fifth pair, was more or less sensible; but after it was divided between this union and the brain, irritation of the distal portion, which was connected with the anastomosis, produced pain, though not constantly. He then exposed the lumbar region of the spinal cord, and found the motor roots sensitive, though much less so than the posterior were. But, that the sensibility of the motor roots did not depend on filaments coming to them directly from the spinal cord, but on the sensitive roots, appeared from the following experiments:—If the motor roots were irritated, while the sensitive were uninjured, pain was produced; but if the latter were divided, then the former lost their sensibility. After dividing the anterior roots, while the posterior remained unimjured, the distal portion of the former was always sensitive; but the proximal (that still connected with the spine) never was. It was the same with the anterior portions of the spinal cord, which was painful on irritation only when the posterior roots were not destroyed. Lastly, to render the subject still more clear, and to acquire a knowledge of the course of the filaments bestowing this sensibility on the anterior roots, the following experiment was made:—A small incision, about half a line deep, was made at the point of connexion of the unimjured roots, so as to enlarge the angle of union, and at once all the phenomena above mentioned were put an end to; the anterior root, with the adjacent portion of the spinal cord, became insensible, and, after dividing it, both its portions were equally without sensation. This simple and easy experiment proves to a certainty, first, that a part of the fibres of the sensitive root goes to the point of union of the two roots, and thence returns through the motor root into the anterior portion of the cord; and, secondly, that the turning back of the fibres takes place close to the union of the two roots.—*Muller's Archiv. Heft.* v. 1839.—*Trans. in Med. Gaz.*

TO CORRESPONDENTS.

DR. M. RYAN, *we must again repeat, has no connexion with this Journal.*

ANTIGROPELOS.—*We have been requested to give an opinion on these very useful appendages to the inferior extremity. The name frightened us at first, but overcoming our repugnance to Anglo-Greek, we are induced not only to recommend them to our patients, but to wear them ourselves. All "haters of mud" may go and do likewise.*

ALPHA.—*We must assure our correspondent that it was Mr. Thomson, and not Sir Benjamin Brodie, who first described the external lateral ligament of the elbow joint, as being inserted into the upper part of the radius, and not into the coronary ligament.*

It has been reported, we say not with how much truth—that Mr. Herbert Mayo offered to fight Wakley with fire-engines, as the latter declared himself no fire-eater. Mr. Wakley, however, declined the hydraulic encounter, on account of antipathy to the pure element, *and further, that it gave rise to unpleasant reflections.*

EDINENSIS.—*How came the youngest candidate to be elected? Was there no jobbing here? Evory Kennedy is a first-rate man in his way.*

A STARVED APOTHECARY.—*We commiserate the condition of this involuntary representative of one of Shakspeare's celebrated characters—Nature abhors a vacuum, and consequently a vacuous state of the gastric organ is exceedingly unpleasant; but we are perfectly unable to advise him.*

A.—*We must decline giving insertion to the communication. Dr. Elliotson has ridden his mesmeric hobby too hard, and the circumstance detailed may cause him somewhat to repent it.*

A STUDENT.—*We understand that there is a probability that Dr. Mayo will be connected with King's College Hospital.*

A CONSTANT READER.—*We think he comes under the new Regulations, but the College couch their regulations in such vague language, that the only safe way is to refer to Mr. Belfour.*

MR. SNOW *in our next.*

W. G. *is thanked for his communication. His proposition is ingenious, but not novel.*

SINGRING.—*This quackery has again commenced. We are astonished that a regularly educated practitioner should so demean himself.*

A SUBSCRIBER.—*We believe the edition published by Butler in the Borough, to be the best.*

J. C. *should obtain a ticket to the British Museum library.*

For JACK NORTON *ought we to read* JACK-ANAPES? *We would recommend the three shilling volume by Combe.*

MR. THOMSON *begs to assure us, that he is not the Wizard of the North who nightly astonishes and delights the natives with his wonderful performances, at the New Strand Theatre. We beg to assure him that we never suspected his being a conjurer.*

UNIVERSITY COLLEGE.—*The meeting took place on Wednesday last, when a Shareholder denounced the system pursued in electing the council: the five members nominated in the place of those who were to go out by rotation, were all of them the immediate friends or relatives of "Mr. Attorney Tooke." Mr. Warburton replied at considerable length in defence of his friends; of course, however, the "Senators" had it all their own way.—The number of students attending last year was stated to be, in medicine, 494; in arts, 156; and, in the junior classes, 364. The receipts exceeded the expenditure by 81l.*

The FOREIGN *Quackery has not escaped our notice. Is Mr. Davis a member of the London College?*

J. Q.—*Yes, most discreditable. It appears from the newspaper report, that the* Coroner charged the county for inquests at which he did not preside. *The claim was of course disallowed.*

WESTMINSTER HOSPITAL.

AT a Meeting of the Students of the Westminster Hospital, on Saturday, February 8, 1840, the following resolution was unanimously adopted:—"It is with feelings of indignation and disgust that we have observed the insidious and dastardly attacks which have been made on Sir Anthony Carlisle, the senior surgeon of the Westminster Hospital. As they appear to have originated within the walls of that Institution, we deem it our duty, as pupils of the Hospital, severely to reprobate them, and to assure Sir Anthony Carlisle of the continuance of the respect and esteem which his high professional character as a man of science, and his kind and gentlemanly bearing towards all connected with him, have ever deserved." To the above resolution sixty-four signatures have been appended.

THE MEDICAL TIMES.

THE PUBLIC HEALTH INVOLVED IN THE QUESTION OF MEDICAL REFORM.

WE have already too frequently had occasion to enlarge upon the injustice under which the Medical Profession labour, in consequence of the defective constitution of the medical institutions of this country. We have, too often, had our notice painfully attracted to the picture of suffering merit, after long years of study, after the expenditure of many hard-earned and long-stored guineas in paying toll to the monopolists and the certificate-mongers; after long years of honest struggle—sinking spirit-broken into the depths of poverty, and dying of disappointment and hope deferred,—while quackery and empiricism, sans education, honour, or decency, has risen, at the expense of the profession and the public, to the pinnacle of fortune, surrounded by comfort and plenty, and steeped to the lip in luxurious indulgences.

This, in itself, is sufficient reason for change—this alone would justify the loudest calls for Medical Reform; but there are other, and more broad and sweeping reasons. It is not a question of private justice, but a question of vital importance to the public weal. In it is involved the health, the lives, of the people. From the highest to the lowest, from the well-fed prince to the half-starved pauper—every creature must, sooner or later, feel the baneful influence of our wretched medical institutions.

There are tables by which any one may learn the number of days during which, in obedience to the ordinary laws of organic life, he will suffer from sickness; and this is noted for each year of human existence. These tables have been formed with great care from a large body of cases, and those whose avocations lead them to note the truth of the statement are well satisfied of the general correctness of the results. Any person referring to them will see that the amount of sickness is comparatively large in infantine and early life, that it diminishes during the years of puberty up to about the thirty-fifth year, and then goes on increasing year by year, until the system, worn out by contact with the elements around it, and yielding to the universal laws from which it had its origin, yields up the vital principle and resolves into other forms. These tables tell startling truths. They show what poor humanity is made of. They demonstrate *that each individual, during the span of his existence, suffers, if all be added together, months, and* OFTEN YEARS, OF SICKNESS BEFORE DEATH. This prevalence of disease has, in all ages, been a subject of inquiry, and the experience of four thousand years,—collected, examined, revised, has afforded materials for the superstructure of the science of medicine—the healing art—the art that seeks to alleviate the pangs of poor humanity—to lighten the tenure, mingled of good and ill together,—by which we hold our lives. This science may not be conned and learned by rote in a day—this art is not gained by intuition—is not afforded by inspiration.

"A prince may mak' a belted knight,
A marquis, duke, an' a' that,"

but power, and privilege, and wealth, cannot give the nice discrimination of disease, the deep knowledge of causes and effects—of remedies and their action—and the invaluable lore that teaches the means of alleviating human suffering, and prolonging human life. Years are requisite for obtaining this knowledge, and nothing seems more reasonable than that those alone who possess it should be allowed to minister to the wants of the sick. Yet, how widely different is the case; and, when looked upon with impartial eye, it seems almost incredible that in the nineteenth century, in this country of England, which claims to be a civilized and enlightened nation, THAT QUACKS, UTTERLY DESTITUTE OF MEDICAL KNOWLEDGE—UTTERLY IGNORANT OF THE HUMAN FRAME—ARE ALLOWED TO POISON THE PUBLIC WITH SECRET NOSTRUMS.

THAT MEN SWARM IN THIS COUNTRY, CALLING THEMSELVES DOCTORS, (!!!) WHO HAVE NEVER PASSED ANY EXAMINATION.

THAT THERE ARE PERSONS IN LONDON WHO, FOR TWENTY POUNDS, WILL OBTAIN A DOCTOR'S DEGREE FROM AN UNIVERSITY FOR ANY ONE WHO CHOOSES TO PAY THAT SUM—BE HE WHOM HE MAY.

THAT ANY PERSON, WITHOUT LEARNING, LICENSE, OR DIPLOMA, MAY, UNCHECKED BY LAW, OPEN A DOCTOR'S SHOP (as it is commonly termed), AND POISON THE POPULATION WITH IMPUNITY.

IN FINE, THAT THE PUBLIC ARE UNPROTECTED FROM THE INROADS OF QUACKERY—THAT THE REGULARLY EDUCATED MEDICAL MAN IS EQUALLY UNPROTECTED—THAT THE APPOINTMENTS TO ALL PUBLIC HOSPITALS, AND OTHER INSTITUTIONS, ARE OBTAINED BY JOBBING AND MONEY, INSTEAD OF BY TALENT—AND THAT MANY THOUSAND LIVES ARE ANNUALLY LOST BY THESE CAUSES.

Here is a string of grievances affecting every individual in the community—a list of evils calling loudly at every door for redress. What, then, has been done towards removing these ills, and what remains to insure their entire abolition?

The case stands simply thus:—Between six and seven years ago, these same evils induced the appointment of a Committee of the House of Commons to inquire into the subject, with a

view to legislative interference. The Committee heard evidence which established the real reality of all the grievances we have stated. That evidence was printed; and, year by year, have the body of Medical Reformers, who saw and felt the necessity for amendment, been cajoled by the promise of a Medical Reform. At length, six years having elapsed, their patience is exhausted; and now, when they insist upon the self-elected Medical Champions, Warburton, Wakley, and Co., redeeming some of their long-forgotten pledges—this clique attempt, for the seventh session, their old juggles, and promise *to obtain another Committee of Inquiry "after Easter."* If they are allowed to do this, all is lost. No further evidence is wanted—the grievances have been proven before the former Committee. All that is requisite is a Commission *to draw up a Report upon the Evidence already printed by the House—that a Bill may he introduced this Session.*

For this the public, as well as the profession, must petition, and, as we have already suggested a form for medical men, we now, in obedience to our promise, submit the following general Petition to the public equally with the profession. It will lie at our Office for signature, and will also be posted in various places about town. Any one who wishes to aid the cause, may, on application in Wellington Street, be supplied with a copy of the Petition.

"*To the Honourable the Commons of Great Britain and Ireland in Parliament assembled,*

"The Petition of the undersigned

"Sheweth,

"That your Petitioners greatly deplore the evil consequences ensuing to society from the wretched state of the Medical Institutions of this country.

"That from the defects in the laws regulating the Medical Profession, your Petitioners have been subjected to many serious evils.

"That imposters and quacks of every description prey with impunity upon society, pursuing an uninterrupted and deadly career, to the great detriment of the public safety, and the scandal of a civilized empire.

"Your Petitioners therefore pray, that your Honourable House will take measures for conferring upon the Profession of Medicine a sound legal constitution, placing it under a system of government which will protect both its members and the public; and further, that you interfere most especially to arrest the unblushing and deadly career of Quackery, which at present pollutes every quarter of the empire, and annually destroys many hundreds of the population, by causing a Report to be at once drawn up from the evidence already before you, and a Medical Reform Bill, to be passed this session.

"And your Petitioners will ever pray."

In the HOUSE of LORDS on Thursday, the Marquis of Normanby presented a petition from the British Medical Association, praying for Medical Reform, but begged to state that he did not concur with the prayer of the petition.

CHAIR OF MIDWIFERY IN THE UNIVERSITY OF EDINBURGH.

WE understand that some surprise and dissatisfaction have been occasioned by the election of Dr. J. J. Simpson to the professorship of Midwifery; and it does appear strange that a man so young should have been preferred to Dr. Evory Kennedy. It looks much as if some undue influence had been at work. We are at a loss to imagine what constituted the pre-eminent claim of the gentleman in question to the appointment. He has written a fair work on "the food of infants"—finished a Course of Pathology for Dr. Thomson in a very creditable manner—and has delivered some lectures on Midwifery. We subjoin some portions of a squib which has gone the round of Edinburgh on the subject, purporting to be

"*Testimonials in favour of* JAS. W. SAWNEYSON, M.D., A.S.S., &c.

"To the Right Honourable the Lord Provost, Magistrates, and Town Council of the City of Edinburgh, Patrons of the University.

"My Lord and Gentlemen, I beg leave very respectfully to offer myself as a Candidate for the vacant Chair of Midwifery. My claims are founded upon the following overpowering facts:—

"First and foremost. My standing in society, I being exactly four feet in my shoes. This important fact I would impress most strenuously upon your Lordship and Honourable Gentlemen's attention. I defy any other Candidate who has at this time impudently intruded his unworthy claims upon your notice, to show so high a reason why he should succeed the late Dr. Hamilton, than whom I am exactly one inch less in stature.—Secondly. The favourable opinions expressed in the various journals upon my immortal work "on Pap."—Third. The flattering testimonials, which I herewith submit to your Lordship's attention, received from various distinguished teachers of, and authors on, Obstetric Science, in favour of my capacity, my height in my profession, and my ability as an author.—Fourth. My extensive experience, being four-and-twenty last birthday, and having had, during my existence as a student, as a six months' attendant upon the midwifery lectures of the late Dr. Hamilton, and as a twelvemonth's teacher, unlimited opportunities of seeing, feeling, touching, and fingering. This may serve to show that I am not without experience as an obsteteric practitioner. If this was *not* sufficient, the fact might be illustrated by the circumstance of my being forced within the last week to obtain a carriage and pair in consequence of the heavy press of my business. I have the honour to be, my Lord and Gentlemen, your most obedient humbly servant,

J. W. SAWNEYSON.

TESTIMONIALS *from Mr. Forceps, Surgeon Accoucheur to the Midwifery Hospital of Ballyshannon, &c. &c.*

TO DR. SAWNEYSON.—Dear Sir, Although I have not the pleasure of knowing you, yet I have not the least hesitation in expressing my most decided conviction of your fitness for the vacant Chair of Midwifery in the University of Edinburgh, since, in your letter to me, you distinctly and most unqualifyingly (and who should know as well as youself?) assert that you are perfectly capable of, and, in every respect, adapted for the situation you solicit. I therefore, though perfectly unacquainted with you, again express my conviction that, in case of your election, you will prove a rare ornament to the University of Edinburgh, taking your rank with the Homes and Monros of that distinguished school. I remain, Sir, with every sentiment of high regard, yours, &c.

SIMON FORCEPS.

From Madame Accouchement de l' Hopital de Maternité, Paris.

TO MONSIEUR LE DOCTEUR SAWNEYSON.—*Mon cher petit Sauneyson,* I have heard dat de Midwif Chair in Edinbourg is widout von *Professeur,* and dat you vant to put your—*je ne sais pas en Anglais,* vat you call *votre* bottom I belies in dat Chair. I think you vill make von very goot *professeur. Monsieur* Hamilton vas von very leetle man, and you are von *tres petit homme*—leetle Sawneyson—dat is le *grand qualification.* You vill fill de Chair wid de same *capacité* as *le dernier professeur. Les mes dames*—de vomans, like de leetle hands, and de leetle fingers, and de little *touché,* and therefore dey like you, you are so *petit.* I have read *votre* vork "De Pap," vich is von big book, and von goot book for de *gareons.* You are von great leetle man, and you vill have dat Midwif Chair. I remain, *mon petit* Sawneyson, *votre chere amie,*

ACCOUCHEMENT.

"Dr. J. W. Sawneyson respectfully submits to the particular consideration of the Town Council, the learned! the scientific!! and the honourable!!! patrons of the University, the following opinions of the Press upon his work 'on Pap.'"

OPINIONS OF THE PRESS.

"We hail the work 'on Pap,' by Dr. J. W. Sawneyson, as the most important addition of modern days to the science of infantile gastronomy—*that* science which yields to none in magnitude and grave importance—*that* science which has for its object the no less glorious and magnificent purpose of filling the mouths and distending the ventral cavities of helpless infants."

"The work 'on Pap,' by Dr. J. W. Sawneyson, exhibits a most wonderful degree of accuracy in detail, and of diligence in research. The author proves, beyond a doubt, that 'Pap' was known to the ancients."

"He ingeniously surmises that in former days, the father, rather than the mother, performed the interesting duty of feeding the children, hence *Papa* from *Pap.* The reader will be richly rewarded by following the learned author through his ingenious arguments in favour of this speculation, which tends to throw so important a light upon science. We recommend the work."—*Physical Journal.*

"Pap is no longer one of these physical problems which baffle all inquiry. Dr. J. W. Sawneyson has, in the work before us, thoroughly investigated the subject, and has illustrated it in all its bearings, historically, experimentally, analytically, and metaphysically. Dr. Sawneyson, in the chapter where he details his experimental inquiries, informs us of the interesting fact that he had been living upon Pap, at that date (14 Nov.), 18 months, 10 weeks, and 4 days, and thus accounts for his present small size, being almost reduced to an 'infantile phenomenon.' Dr. Sawneyson is a martyr to the cause of 'Pap!"—*The Esculapian.*

"The author of the work 'on Pap' deserves the gratitude of babes unborn."—*The Bistoury.*

"Dr. J. W. Sawneyson will be excused, he hopes, for the pardonable vanity of stating, that his work 'on Pap' has been translated into five different foreign languages,—the Russian, Polish, Esquimeaux, Chicksaw, and Chocksaw. It is the intention of Dr. Sawneyson to publish an additional list of testimonials, which is already in the press. The forthcoming

sheet will contain a most flattering certificate, signed by four-and-twenty babies, who bear strong testimony to Dr. Sawneyson's delicacy of handling, and are living witnesses of the practical benefits to be derived from the principles laid down in his immortal work 'on Pap.'"

LIST OF ARTICLES IN DR. SAWNEYSON'S OBSTETRIC MUSEUM.

1. Two babies in alcohol.
2. Teetotal baby in water, moist and flabby, a rare and interesting specimen.
3. Pap in various states of preparation.
4. A *Dirty* Clout, exhibiting an interesting specimen of infantile precipitation.
5. A Clean Clout.
6. Pelvis.
7. Forceps, &c. &c.
8. Sawneyson, junior, dried and injected, a brainless monster.
9. A Sucking Pig.
10. A Blind Puppy, &c. &c.

HOSPITAL REPORT EXTRAORDINARY.

To the Editor of the 'Medical Times.'

SIR,—Seeing no mention of some interesting proceedings which took place at the Westminster Hospital a few weeks back, I venture to offer you a brief account of them, transcribed from notes I took on the occasion. Yours obediently,

NICODEMUS.

F. H. T—MS—N was admitted into the hospital some time back, under the care of Mr. Guthrie. He is reported to be of somewhat weak intellect, which had been manifested occasionally by strange vagaries, which excited laughter and derision. He had for some time laboured under a disease termed "the simples," an affection apparently of fungoid character; and it having been determined by the medical officers in consultation, that he might probably derive benefit by having the operation performed, termed "cutting for the simples," Mr. White had undertaken it. Previous to the operation on T—ms—n, some curious experiments on the subject of magnetic influence, to which the patient is liable, were performed. While merely a state of quiescence was maintained, no phenomenon was apparent, but the transit into a state of delirium was rapid. His insignificant stature then began rapidly to expand, and his bulk became so amazingly distended by some subtle and invisible fluid, that we became much alarmed lest he should burst, like the frog in the fable who was emulous of the magnitude of an ox. One of the eyes became greatly distended, looking towards the chin, which Mr. Lynn designated in a moral manner "a mental obliquity." His antics now became extravagant; he jostled Sir Anthony Carlisle with great violence, but the worthy knight appeared to regard his monkey-tricks with good-humoured indifference. Becoming talkative, it was suggested to ascertain if he were capable of preaching; Dr. Roe forthwith produced a pocket Bible, and T—ms—n forthwith gave a most luminous exposition of the text, "And the ass opened his mouth and spoke," the *reflection* being most apparent to the minds of his hearers. On the metallic test being tried, the usual tendency for gold and silver was found to exist; but for brass he had so strong an affinity, that the very door-handles appeared to resolve in his grasp, and to enter intimately into his composition. A power of repulsion appeared to exist between T—ms—n and most of those around him. He appeared at first to have some magnetic influence over a Mr. De Scent; but all at once some powerful repulsive agent appeared to act, and that gentleman was propelled violently to the further part of the theatre. The violence of the concussion quite made him lose his senses, and we regret to say that they have not yet been found. A strong connexion was established between T—ms—n and Dr. Bahum, through the medium of a *physician's admission ticket*, though doubtless any other piece of paper would have answered the purpose equally well. With these exceptions, T—ms—n was quite isolated, and unable to excite sympathy for his condition. Mr. White commenced the operation of "cutting for the simples" with his accustomed ability, but soon found that the disease had such deep and extensive connexions with vital parts that the attempt to eradicate it would be vain, and it was not worth while to give himself any further trouble about the matter. The patient was, therefore, consigned to the incurable ward; and it is satisfactory to know that much constitutional irritation has not resulted from the unsuccessful operation.

ALBUMINOUS URINE CAUSED BY COPAIBA.

To the Editor of the 'Medical Times.'

SIR,—The insertion of the accompanying remarks would oblige, yours respectfully,

33, *Leicester Square.* H. B. LANE.

The presence of albumen in the urine, when first discovered, was deemed to afford certain indications of organic disease of the kidneys, most especially that of chronic degeneration of the viscus, known as Bright's disease, which is accompanied by anasarca. This position was soon acknowledged to be inaccurate, and the albuminaria was found frequently concomitant with different morbid constitutional states *originating in mere functional derangement*; also, it is doubtless sometimes attendant on diseases of the bladder and prostate gland. After scarletina, in hysteria, and at the subsidence of fever, and many severe inflammatory affections, it is frequently found. The administration of certain medicinal agents not unfrequently occasions it, as mercury, cantharides, &c. I have to point out another medicine which appears to give rise to the morbid state of urine in question, speedily and uniformly, which circumstance has, I believe, hitherto escaped notice. I allude to copaiba, and I will at once proceed to mention the observations on which I found my assertion.

A. had been taking copaiba for a fortnight off and on—the previous day to the extent of 1½ drachm. The application of heat, and the addition of nitric acid to the urine, gave a well-marked precipitate. Thirty-six hours after the copaiba was last taken the presence of albumen could not be detected.

B. had been taking copaiba two months—½ a drachm eight hours previously to passing the urine examined, and within that time he had drank much diluent fluid. The albuminous traces, though faint, were quite distinguishable.

C. had been taking copaiba for a week at the rate of 1½ drachm per diem. The albuminous turbidity was produced, especially by the bichloride of mercury.

D.; copaiba had been discontinued 72 hours, and no albuminous reaction was apparent—it was resumed, and when 1½ drachm had been taken the presence of albumen became faintly evident.

E., a healthy individual, in whom the urine presented no nervous albuminous trace; but after the administration of 1½ drachm of copaiba, the urine became very albuminous, as proved by each of the usual tests.

With the exception of the second instance, morning urine was used in all the above experiments. With the exception of the first case the albumen appeared to be existent in what has been termed, by Dr. Golding Bird, "the incipient state," viz., heat did not cause the immediate coagulation to appear in the limpid urine, but it became apparent as the urine began to cool.

The above observations tend to prove how readily any specific excitement of the kidneys will cause them to excrete albumen. I shall not at present enter into the considerations which the subject gives rise to, but content myself with stating my belief, that albuminous urine may be occasioned by distinctly different morbid conditions, which are so opposed that the institution of one may prove curative of the other. This is the true paraphrase of the axiom, "similia similibus curantur," and in accordance with it the systematic use of copaiba, combined with other remedies, in Bright's disease, suggests itself.

VACCINATION.—From a communication made to the Secretary of State by Sir Henry Halford, Mr. Keate, and Drs. Mayo and Hue, on the part of the National Vaccine Establishment, it appears that the number of persons vaccinated by that establishment, during the past year, amounts to 13,144; and that 16,395 charges of vaccine lymph have been sent out. The writers state their conviction that 4000 lives, on an average, are saved every year, within the district of the Bills of Mortality alone, by vaccination having superseded so largely the practice of inoculation. That it has failed, however, in a great number of cases, is admitted; but, it is concluded, that in these cases it had either been deteriorated in its transmission, or that the patients submitted to it were not in a fit condition to receive its influence, in consequence of some eruptive disease having pre-occupied their constitution, or of some prevailing epidemic disorder having rendered them insusceptible of another and a now excitement for a time.

SUICIDES IN PARIS.—The inhabitants of the French capital, always distinguished by their vivacity, their energy of volition, and, what is still more striking, by the very summary manner in which they are accustomed to rid themselves of all sublunary troubles, appear at the present moment to be labouring under a *suicidal mania*, to an extent almost beyond precedent. They have been visited by one of those *suicidal epidemics*, which, at certain seasons, are known to prevail amongst them. The newspapers state, that on Friday last (21st inst.), one Mr. Leroy was found dead in his bed, having cut his throat. On the same day, a man, aged 40, threw himself out of a window five stories high, and was dashed to pieces. On the following day (Saturday) a student made an incision into his throat with a razor, and then threw himself out of a window four stories high. Lastly, a carman was seen to kneel down on the banks of the St. Martin's Canal, and, after uttering a short prayer, to plunge into the water, from which he could not be extricated before he was a corpse. Numerous other suicides are stated to have occurred during the week in various other parts of the city. Additional presumptive evidence against the doctrine, that suicide can result only from insanity!

M. Dieffenbach announces that he has effected many cures in cases of strabismus, by dividing the rectus internus muscle of the eye, by means of a slight incision through the conjunctiva.

APOTHECARIES' HALL.—Names of Gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, Feb. 20:—William Webber Munckton; Wilton Curry Revel; John Belgrave Goazzaroni; Joseph Henry Taylor, Winchester; James Selby, London; William Dallah Man, York.

REVIEWS.

An Essay on the Functions of Life, comprising Demonstration of a Supreme Inceptive Function in the Organization of Man, &c By Wm. Batten, Esq. Butler, pp. 36.

Mr. Batten remarks, "nothing has yet been effected as to the philosophy of the vital functions—it remains, in fact, enshrouded in pristine darkness, unapproached, if not unapproachable, by the illuminating rays of science." We beg to assure Mr. B. that he does not, in any degree, illuminate the subject. In his attempt "to show the sun with a lanthorn," he does but make darkness visible.

Illustrations of Midwifery—a complete Atlas and Companion to all Obstetric Works. Part 4, January. By M. Ryan, M.D., &c. Balliere.

An Atlas of Plates, illustrative of the Principles and Practice of Obstetric Medicine and Surgery. By F. H. Ramsbotham, M.D., &c. Churchill.

We have already spoken of the first of these works in a favourable manner, and at present find no reason to alter our former opinion. The well-deserved success of Dr. Ryan's work has caused the appearance of a second, in that of Dr. Ramsbotham. The text of the latter's work is that of his old lectures cut down from the 'Medical Gazette,' and embellished in the shape of foot-notes, with sundry Greek and Hebrew quotations—Heaven save the mark!—*some of which are mis-spelled.* There is also a *slight, very slight* mistake into which our learned editor has fallen, and which we think he will feel obliged to us for setting him right upon. In noticing the advances obstetric science has made, he says, "it is confidently hoped that the present addition to the stock of obstetric literature, drawn upon a *somewhat novel plan*, will not be considered superfluous. I readily undertook a duty which I considered would supply a deficiency in English obstetric literature." Considerate man!—no doubt he felt himself a perfect martyr when accepting Mr. Churchill's offer; but did this very considerate man—this perfect enthusiast in obstetric literature—not know that Dr. Ryan had commenced to supply this deficiency more than four months previously? Further on the learned Doctor remarks, "a direct appeal to the eye is more likely to make a more lasting impression on the mind of the pupil, at the commencement of his studies, than any description that language can convey." Was it according to this idea that the plates were left almost entirely unlettered and unexplained? and we may hint, that "the appeal to the eye system" is a questionable compliment to the understanding of our modern students. That plates are useful we do not mean to dispute, but no student would be mad enough to present himself at any examining board with all his stock of obstetric or other knowledge derived from plates alone, whether done on steel or stone! On a comparison of the two works, we find that three of the less showy plates in Dr. Ryan's first part contain as much information, and are equally calculated to instruct, as the 6 plates, 12 figures, and 3 wood-cuts, in Dr. Ramsbotham—Venus and Apollo thrown into the bargain. In the former we have thirty-two closely printed pages of matter, whilst in the latter only sixteen, and that in type twice the size of the former. Should Dr. Ryan's work be completed in the style it has commenced, it will form a comprehensive and useful manual, whilst Dr. Ramsbotham's will, at the best, only be a sort of obstetric album. Mr. Churchill we fear will discover that the money spent on the expensive illustrations will not hide the meagreness of the text, and that spirited publishing and lavish expenditure will not always retrieve an error of judgment in selection.

Glanders.—At the last sitting of the Academy of Sciences of Paris (on the 18th inst.,) M. Breschet read a memoir on the nature of glanders in the horse, and on the communication of it by contact to the human subject. He went into this subject at considerable length; and stated that the experiments of German and English physicians, and veterinary surgeons, coincide with those of the French medical world, and with the observations of the professors of the Royal Veterinary School at Alfort Sur Seine, in deciding that the glanders constituted a disease communicable to all kinds of animals. The symptoms, nevertheless, were not always the same, in consequence of the development of the glands of the neck and head in the equine race being different from the development of the same in the human subject.—M. Majendie opposed this statement of M. Breschet, declaring his conviction that the experiments adduced in proof of it were erroneous. He denied that a single *well-authenticated* case of the contagious communication of acute glanders (*morve aigue*) could be adduced—the chronic glanders could never be communicated at all.—Baron Larrey, who followed on the side of Majendie, observed, that throughout the long course of his military experience,—as the head, more especially, of Napoleon's medical staff,—he had never heard of any cavalry soldier catching the glanders from a horse. A very animated discussion ensued, which was, at one time, in danger of being converted into an exchange of personalities. The point was left undecided!

Proceedings of the Apothecaries' Company.—The Governor and Company of Apothecaries' Hall (Dublin), have succeeded in obtaining penalties from Jas. M'Millan, M.D., of Enniskillen, William Desprez, of Castleblaney, and Thomas Connor, of Newry. In the cases of Dr. M'Millan, and Mr. Desprez, one penalty, with costs, was accepted, the defendants each giving an engagement that they would not again violate the law.—*Dub. Med. Press.*

North of England Medical Association.—The council of this association held their first meeting on Wednesday, the 12th inst., at Newcastle-upon-Tyne, T. M. Greenhow, Esq., V.P., in the chair, when a memorial, addressed to the Secretary of State for the Home Department, relative to the existing state of the profession, was read and agreed to. The petitions to Parliament, which were adopted at a general meeting on the 21st ult. have been forwarded to the Duke of Northumberland for presentation in the House of Lords, and to Lord Howick in the House of Commons. The report of the Provisional Committee is in the hands of the printer, and will be widely circulated in a few days, together with copies of the petition, and the memorial.

Mr. R. Alcock.—We learn that a distinguished honour has lately been conferred upon a member of the profession by the Queen of Spain. By royal decree the insignia of Knight of the Royal Order of Charles III. has been bestowed upon Mr. Rutherford Alcock, for his services in Spain, while deputy-inspector-general of hospitals in that country. This is the second most distinguished order in Spain, being ranked next in estimation to the Golden Fleece. We believe that Mr. Alcock is the third member of the medical profession in England who has obtained it. Dr. Hume, the Duke of Wellington's physician, received this honour at the close of the Peninsular war.

CLINICAL LECTURE ON CANCER OF THE BREAST,

DELIVERED AT THE RICHMOND SURGICAL HOSPITAL, BY MR. CARMICHAEL.

Gentlemen,—Having, in my preceding lecture, chiefly occupied your time with remarks upon the structure, nature, and probable causes of malignant diseases, I shall now proceed to make some practical observations on one genus only of this order, viz., cancer, scirrhoma, or carcinoma, interspersed with some passing remarks upon fungus medullaris. When the former of these diseases is in its advanced stages, it is recognised without difficulty, a glance from the eye of an experienced surgeon will be sufficient to detect it, but in its early stage it is extremely difficult to decide upon the nature of a tumour, particularly if situated in the breast of a large or very fat woman—this is so much the case at times, that Sir Everard Home, in his work upon this disease, candidly acknowledges "that he has often removed tumours in the breast which were judged to be cancerous, but on examination were found scrofulous; and, on the other hand, he has often neglected tumours which subsequently became cancerous, and destroyed the patient." In these doubtful cases, therefore, every circumstance which can throw a light upon the subject of inquiry should be taken into consideration; and the first leading circumstance to guide our judgment is the time of life of the patient. Women are but little predisposed to this disease, until after the fortieth year. Dionis says, that out of twenty women afflicted with cancer, fifteen will be found from forty-five to fifty years of age. The second circumstance to which I would call your attention, to enable you to form a true diagnosis in doubtful cases, is the gradual and, in general, slow increase of the tumour from a small beginning. I have said *in general*, because in those instances where there is a strong constitutional tendency to this disease, indicated, as I have already stated, by a pale, leaden-coloured countenance, the cancer, although it may commence in a point, will make such rapid progress as perhaps to engage both breasts, and their corresponding axillæ in the course of a few months. The third circumstance is the hardness and irregularity of the tumour. This is a diagnostic of great use, for although it will not serve to distinguish a mild disease, not malignant, from fungus medullaris, yet this is so seldom met with, in the female breast, compared to scirrhoma, that it affords a leading means of diagnosis in doubtful cases. The fourth is afforded by the weight of the tumour. This, as a means of diagnosis, can only be of use when the tumour in question is situated in the testis, or in a loose soft pendulous mamma. The cancerous mass is more dense, and heavier than the generality of other morbid structures; therefore weight is considered as affording some assistance in coming to a just diagnosis. The fifth is the description of pain, which, in cancer, is usually described as *darting* or *lancinating*. But this is the most uncertain of all the diagnostic signs; for it is a kind of pain which most women apprehend as an attendant upon cancer; and if they have any affection of the breast of a neuralgic character, which is so frequent an accompaniment of a dyspeptic stomach as to be met with every day in practice, they will become greatly alarmed, as the pains of neuralgia are also darting or lancinating. In these instances, however, although the pains may be frequent and severe, yet no tumour can be felt. The gland of the breast may be a little enlarged in size, and even tender to the touch, but no distinct tumour of a hard and irregular surface can be detected. Besides, this neuralgic or sympathetic affection

usually assails both breasts at the same time, whereas cancer, at the early period, when any doubt can exist as to the nature of the disease, will only be found in one. Tenderness on pressure affords, in the early and doubtful stages of cancer, a much more useful means of diagnosis. A true cancerous tumour, before any redness or inflammation of the integuments occurs, may be handled and compressed without exciting any pain, or even an uncomfortable sensation; whereas scrofulous enlargement of the breast, and that sympathetic affection just noticed as connected with a dyspeptic stomach, will be attended with more or less *tenderness upon pressure*. So that, taking this circumstance, coupled with the age of the patient, into consideration, I have, in numberless instances, been enabled to remove a most painful state of anxiety of many a fair patient, with an assurance that her disease was not of a malignant or dangerous nature. There is, however, a phlegmonous inflammation, which sometimes occurs, from what cause I know not, between the gland of the breast and the pectoral muscle, that is attended with so many symptoms that resemble those of carcinoma, that it is necessary to put you on your guard, by making you as well acquainted as possible with the symptoms common to both diseases. When matter forms in this situation, it must consequently be slow in making its way to the surface; deep-seated pain is felt, but there is neither redness or fluctuation of matter to lead to a knowledge of the true nature of the ailment. It may proceed slowly for many weeks in this state, the patient suffering much pain all the time, particularly on every movement of the arm. The breast enlarges, the integuments become œdematous, and the matter, making its way at length to the surface, will most probably cause some redness, followed by the usual signs of matter beneath, or rather below the breast, which renders the case obvious; but until this takes place, there must be considerable obscurity as to the true nature of this painful affection. The retraction of the nipple, or a watery or serous discharge from it, are strong indications that the tumour in question is of a cancerous character. The state of the integuments covering a tumour will afford strong indications of its nature: thus, if the disease is of that decided constitutional character more than once alluded to, it will increase rapidly in size, and without evincing any tendency to ulceration soon destroy life, a strong instance of which is afforded by case 43 of the second edition of my work upon Cancer. In such instances the integuments become fixed to the morbid mass, and white or livid lines, a little raised like welts, mark its inroad on the skin. But the more usual signs of affected integuments are, together with attachment to the tumour, a dusky redness, and puckered state of the skin, with either white or red lines, raised and hard like welts, proceeding from the tumour in all directions, as radii from a centre. These lines being frequently interrupted with small indurated knots or tubercles which may be aptly compared to the *runners* of the strawberry plant, intersected by younger but similar productions to the parent. I should not omit to mention, that enlargement of the veins of the integuments is indicative of every description of malignant tumour. As the disease advances, in the great majority of instances, it proceeds to ulceration, which usually takes place very slowly. The skin attached to the tumour assumes for a considerable time a dusky red appearance; at length it ulcerates, and a discharge of thin watery ichor, extremely offensive from the hepatized ammonia it contains, takes place, often in very considerable quantities, particularly if the walls of one of the hydatid-like cavities, which are so frequently found in cancerous masses, have given way. Nothing can be more variable than the progress of such an ulcer. If the tumour is bulky, large sloughs of the cancerous substance will take place, leaving a great gaping cavity, the walls of which are hard, red, and gristly, the edges retorted, and the quantity of offensive sanies it discharges enormous. The state of ulceration is also attended with frequent discharges of blood, so great as often to threaten the life of the patient; but when both these causes of exhaustion combine, she soon must succumb to her dreadful malady. At other times, particularly if the disease has arisen from accident, the patient otherwise healthy, and the tumour of small bulk, ulcerations may scarcely appear to extend beyond the integuments. There may, in such a case, be observed little of the thin ichorous discharge, but healthy matter, under which the ulcer shall even heal. The induration, however, will point out, notwithstanding, that the disease is not cured. The integuments will ulcerate and heal again and again; and, in this way, the patient may live a great number of years in the enjoyment of a tolerable portion of good health. I attended a lady, occasionally, who had a cancer, in this state, during forty years, and she died at a very advanced period, more from old age than from this or any other morbid affection.

The preceding observations on cancer of the breast, are applicable to that disease affecting any part near the surface admitting of examination by the touch and sight. But, before I conclude, it will be necessary to make a few brief remarks on the symptoms it betrays in its attacks upon its next most common seat—the uterus. The period of life is, of course, the same; and, perhaps, the first signs of the disease, which are, however, but equivocal, are frequent pains in the loins, hips, and thighs—the patient becomes disinclined to make any exertion, and only feels relief by reclining on the sofa or bed. Carriage exercise may be borne for a considerable time, but, at length, the patient is obliged to relinquish it, as the jolting over an uneven road causes pain at the moment, and much uneasiness at night. These symptoms are followed by what women call a bearing down pain, and, at length, an offensive ichorous or watery discharge occurs, tinged more or less with blood, totally unlike that of leucorrhœa; and these symptoms, coupled with the pallid anxious countenance of the patient, sufficiently betray the true nature of the malady with which she has to contend. Long before all these symptoms occur, an examination, per vaginam, should be made, in order to ascertain the state of the cervix uteri. If it is hard and cartilaginous to the feel, with, perhaps, a portion ulcerated, our suspicions are confirmed. It is a curious fact, that cancer of this organ usually begins at its cervix, so that we have it generally in our power, by an early examination, to ascertain the existence of this disease soon after its commencement.

MEDICAL OBITUARY.

On the 21st, B. Kirsch, surgeon, aged 76.—At Kilfinan, County Tipperary, in the prime of life, Nicholas Davin, Esq., M.D.—At Kilcock, James Colgan, Esq., M.D.—In Blackhall-street, Dublin, John Maguire, Esq., apothecary for many years to the Netterville Dispensary.—At Milan, Signor Omodei, editor of the Annali Universali di Medicina.

The post of Matron to the University College Hospital is vacant. Numerous candidates are in the field, but it is an understood thing that Mr. Hale Thomson will be elected.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 15th February, 1840:—

Epidemic, endemic, and contagious diseases	140
Diseases of the brain, nerves, and senses	144
Diseases of the lungs, and other organs of respiration	263
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	58
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	10
Diseases of the skin, &c.	0
Diseases of uncertain seat	90
Old age, or natural decay	54
Violent deaths	16
Causes not specified	4
Deaths from all causes	813

HUNTERIAN SOCIETY.

FEBRUARY 19.—The Anniversary Meeting was held this day at the London Tavern, when, before a numerous and respectable audience, Professor Thomas Bell delivered the annual oration. He commenced by expressing his regret that, from the peculiar department of the profession to which his studies had been directed, he was unable to do that, which, on an occasion like the present, was more especially called for—he meant to review, in the high and glowing terms of exultation, all that had been contributed by the great John Hunter towards the advancement of surgical science. Hoping, however, that the meeting would overlook this, he would choose as his subject the nature and treatment of neuralgic diseases. After some further remarks, he proceeded to establish the propositions; first, that tic doloreaux is a disease *sui generis*, and totally distinct from those affections which have been hitherto usually confounded with it; secondly, that, in the majority of cases, its cause is purely local and mechanical; thirdly, that its cure is to be effected only by constitutional means; and lastly, that when modified, or associated with other varieties, its treatment must be varied accordingly. A number of cases were referred to in illustration. The members of the society afterwards adjourned to dine together.

SPONTANEOUS AMPUTATION AT THE KNEE-JOINT.—In the last number of *L'Experience*, M. Mondière adds to his translation of this singular case (for the original of which see 'Press,' Vol. II., p. 38), the following analogous fact which came under his own observation in the year 1834:—"A man having been injured by a number of large stones falling upon him, was brought, in about half an hour after the accident, to the hospital of Loudun. He was found to have suffered fractures of the left femur, about its middle, and of the right humerus at the distance of one-fourth of its length from its upper extremity. There was considerable bruising and injury of the soft parts of the arm below the seat of fracture, so much so as to lead to the proposal of immediate amputation, which was rejected by the patient. Gangrene ensued, and, in three weeks, the arm separated at the fracture. The man speedily recovered, and is now alive."

A CASE ILLUSTRATIVE OF THE INFLUENCE OF THE IMAGINATION OF THE MOTHER UPON THE FŒTUS IN UTERO.

To the Editor of the 'Medical Times.'

DEAR SIR,—Should you consider the following case worthy a place in your useful Journal, you will oblige me by inserting it.—Your obedient servant,

W. J. T.

Mary Brinksworth applied for advice at a dispensary (the practice of which I attend), accompanied by Maria Weston, each carrying a child. Having, by some accident, seen that one of the children was deficient of an arm, I inquired if it had not been amputated, when she related to me the following:—"A Maria Baster, of Minchinhampton, Gloucestershire, aged six years, met with an accident, a broad wheeled waggon having passed over her arm, which so much mutilated it as to require immediate amputation. Mary Brinksworth (who was about two months advanced in pregnancy) took the child to the hospital, and was present at the operation for the removal of the arm. At the full time of utero-gestation she was delivered of a boy with the left hand and wrist off just above the pronator quadratus muscle. When her child was about fourteen months old he was suddenly shown to Maria Weston, of Nailsthorp, who was then pregnant, and about six weeks advanced—at the sight of the child's arm (to use her own expression), 'she became sick and faintish,' and continued ill for an hour. At the end of the nine months of pregnancy she was delivered of a girl with the *left hand and arm deficient* from about the insertion of the deltoid muscle. The arms of the two latter children which I saw presented exactly the appearance as if they had been amputated. I took the above down from the statements of the mothers (Mary Brinksworth and Maria Weston) of the two children at the dispensary, June 4th, 1839.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NORTH DUBLIN UNION.—On Wednesday, the 12th instant, Dr. James Duncan was elected physician; Mr. F. Kirkpatrick, surgeon; and Mr. Brown, apothecary to the workhouse.

CORK UNION.—Dr. D. C. O'Connor was, on Monday, the 10th instant, elected physician to the Union Workhouse.

ARMY.—Hospital Staff, Alexander Brown Cleland, M.D., to be Assistant-Surgeon to the Forces, vice C. L. Grant, deceased.

NAVY.—Surgeons—G. D. Maclaren to the Magicienne; C. Pridaix to the Pylades; John Sloan to the Clio. Assistant Surgeon—E. J. Brown to the Magicienne.

CIVIL.—Dr. Richard Long has been appointed quarantine officer at the port of Waterford.

The post of Surgeon to the St. George's and St. James's Dispensary is vacant. The election takes place on the 15th of March.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

FEMORAL VEL INGUINAL HERNIA.—CONTEMPLATED OPERATION BY MR. THOMSON.

ISAAC NOBLE, æt. 31—Admitted Feb. 19, 1840, with a large hernial tumour on the right groin, occasioning much pain and uneasiness, but without any peculiar indication of constitutional irritation, such as fever or vomiting; nor was there evidence of intestinal obstruction, the bowels having been relieved. About nine years ago a small tumour first appeared in the groin subsequent to violent exertion—it remained without causing inconvenience till four years back, when he learnt that he was affected with hernia, and the tumour at times increased greatly in volume, but was always reducible to a great extent. On the 15th, however, while walking, the hernia suddenly came down to a much greater extent than it had ever previously done, disabling him from walking, and occasioning much pain. It could not be reduced, but did not cause great inconvenience beyond the local symptoms; and on the 19th he entered the hospital, and the taxis and warm-bath were used without effect; but an injection caused three copious evacuations.—20th. Tumour rather more tense, pulse 90—tongue clean—no heat of skin. Mr. Thomson first saw the patient, and after careful investigation, declared the case to be one of *"direct inguinal hernia"!!! and that an operation was necessary!!!* It was delayed, in order to obtain other sanction. Some castor oil was given, which acted freely on the bowels; and the man passed a good night, without any constitutional disturbance.—21st. He was much the same—vomitting occurred once. Mr. Guthrie, on seeing the patient, repressed Mr. Thomson's *heroic propensity* for the use of the knife, forbidding any operation for the present.—22d. The tumour had become more tense, and presented an inflamed appearance—in other respects the patient continued much the same. Mr. Thomson still breathed knives and histories, but Mr. Guthrie again restrained his anatomical ardour.—23d. Tumour increasing in size, and more painful. Castor oil was given, and acted five times. A grain of acetate of morphia was ordered at bed-time. Mr. Thomson, on seeing the patient, *determined* to operate, being probably emulous of eclipsing *all the former fame* which he has acquired by his operations for hernia, and appointed at half-past four P. M. to do the deed, obtaining the patient's consent; but Mr. Guthrie again checked the junior's impatience, telling him that if he operated, "he would be just as likely to have matter spirt out in his face as not;" at which Mr. T. looked somewhat astonished, and returned home without having the satisfaction of fleshing his new instruments.—24th. Tumour still increasing, and some vascular excitement, but still no diagnostic symptoms of strangulation of the bowel. Mr. Thomson was again "on bloody deeds intent." Mr. Guthrie did not come to the hospital, being unwell, but Mr. White fortunately interposed, remarking immediately, "Tut! tut! there is matter here;" which opinion he confirmed on more careful examination, and gave Mr. Thomson, who then entered, to understand something about "an infernal mess" in a conditional tense.—25th. The patient remains in statu quo, but is at any rate rescued from one danger.—We exhort Mr. Thomson not to let his scientific propensities and insatiable thirst for fame make him oblivious of things called coroner's juries.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

INJURIES OF THE HEAD—DIABETES.

FEBRUARY 22.—MR. STREETER in the chair.—A MEMBER mentioned the following case:—A boy, riding on horseback in the country, was suddenly thrown off with considerable violence. He, however, instantly raised himself up, and walked home unconcernedly, as if nothing had happened. He had not been home two hours, however, when he became insensible. Then he fell into a fit, with dreadful convulsions. In a few moments catalepsy attacked him on the right side, and his arm lost all retaining power. The head being examined, a slight injury was perceived on the parietal bone; but there was neither depression nor fracture. The pulse had risen considerably. The supposition was at first entertained that he was labouring under compression on the brain, with extravasation of blood on the dura mater, and the operation of trephining was accordingly proposed; but he (the speaker) not wishing to resort to such an extreme measure, treated him merely by bleeding and purgatives. He was bled to eight ounces, which was repeated several times; and under this treatment he gradually got better, and eventually entirely recovered. This case was interesting, inasmuch as it showed that the trephine was not always necessary; had that instrument been applied, under the circumstances, it was not improbable that death might have taken place.—MR. STREETER observed, that children bore injuries of the head far better than adults; and instanced the case of a child, who had received a kick on the head from a cow, and lost in consequence a portion of her brain; but who had, notwithstanding, recovered, without any cognizable deficiency of intellect.—DR. JAMES JOHNSON said, that when the multitude of affections, which arose from injuries and other accidents, was considered, it would be seen how often the severest consequences were produced by trivial causes. But although in such cases there might be violent, and apparently dangerous symptoms, and yet no indication by which the nature of the accident sustained might be arrived at, we should be wrong, if, acting merely on supposition, we resorted to hazardous operations, when there was any, even the smallest chance of effecting a cure by milder means. Thus, the gentleman who had preceded Mr. Streeter had, without doubt, proceeded rightly in the treatment of his case; but if he took credit for abstaining from the trephine, he took credit where no credit was due; for had he gone the length of using that instrument, seeing there was no ground to justify its use, he would have done that which deserved censure. How could he have known the precise spot upon which to operate? The connexion between the nervous and vascular systems was so close, that there was no wonder a complicated train of ills should arise when anything occurred to disturb it. It was well known that that class of injuries of the head in which there was fracture of the skull, and *no opening*, were far more fatal, and demanded a greater degree of skilful attention, than that class in which there was not only fracture, but an opening into the brain,—nay, in which there was even a protrusion of a portion of the latter substance.—DR. GOLDING BIRD referred to one or two cases of Diabetes, in which the patients made from 15 to 20 pints of urine in the course of the twenty-four hours. The urine was dilate and watery, and of a very low and specific gravity; and evident traces of osmazome were detected in it, brought away, perhaps, from the blood.—DR. JOHNSON thought Dr. Bird's cases were of the common kind, or *Diabetes insipidis*. This disease was attended with great anxiety of mind, the patient generally attributing it to misfortunes and consequent despondency. By re-establishing the functions of the skin, the kidneys, and the bowels, however, it could be easily cured; but by such means alone. He did not recollect to have had one case in his practice which had terminated fatally. The way to distinguish it from *Diabetes mellitus* was, to taste the urine; and according, whether it was sweet or not, should the diagnosis be formed. This was the only certain mode of distinguishing the two forms of the disease.—MR. SNOW related the case of a child, whom he had been called to see last week, who had had mesenteric disease of the abdomen, with slight enlargement, and who, without manifesting any symptoms of approaching danger, had suddenly expired. Not being able to account for the sudden death in this instance, he had opened the body, when he found the intestines coated with recently effused lymph, and partially inflamed; and the lungs adherent to the pleura. The heart and chest were healthy. The head was not examined. Mr. S. was of opinion that she had died of peritonitis.—DR. G. BIRD had frequently known peritonitis to go on insidiously for a length of time until it terminated in death. It was not uncommon for children with large bellies, after becoming convalescent, to die suddenly; and when this was the case, the intestines were glued together like a honeycomb, presenting masses of effused lymph. In strumous children this was most frequently observed.—DR. JOHNSON had no hesitation in declaring, that Mr. Snow's case did not go through the regular series of events which characterised peritonitis. He should say, that the child had not died of this disease, but that there had been a transition of morbid matter to some vital part. Why was not the head examined? It was the *brain*, and not the abdomen, in which lay the cause of death.—DR. A. T. THOMSON could not conceive the idea of a child dying in consequence of metastasis, of fatal lesions from the abdomen to the brain, without such metastasis being very obvious. In the description of cases alluded to by Dr. Johnson, the intestines were invariably glued together; where-

as, in Mr. Snow's case, there was merely an extensive effusion of lymph.—Dr. Johnson considered the case in question of extreme interest in a medico-legal point of view. He had never, in the whole course of his life, known death to occur from the small amount of inflammation it would appear to have exhibited; and, considering all the circumstances, it was more probable that there was internal lesion elsewhere than in the abdomen. There was a German author lately sprung up, who had described a disease entirely new, and peculiar only to females. He had termed it the *water-stroke*, on account of its attack being sudden, and there being found, after death, a copious effusion of water on the brain. The case under discussion was doubtless analogous to this water-stroke.—Mr. Verrell mentioned the case of a little girl, his own daughter, whom, in 1825, he had left at home in the morning in good health and spirits; and who, on his return two hours after, was seized with rigours, followed by fever and hot skin, collapse, and, in the evening of the same day, death. A medical friend, who had opened the body, discovered that the small intestines were ulcerated, and slightly inflamed. He (Mr. Verrell) should add, that the child had previously had a diarrhœa, passing urine of a watery and gruel-like appearance; and, what was curious, she had three sisters, who, in succession, were attacked with the same sort of diarrhœa, but recovered.—Dr. Johnson observed, that as it was impossible that, in this case, ulceration could have taken place in the mucous membrane of the intestines in eighteen hours—the interval from her being seized with rigours till her death—there was good ground for assuming that it had been going on, eating up her intestines, for a long time previously, until it thus suddenly put an end to her sufferings.

MR. WAKLEY AND MEDICAL ETIQUETTE.

To the Editor of the 'Medical Times.'

Sir,—Will you favour me by the insertion of the following letter to Thomas Wakley, Esq., in the *Medical Times*, which was refused in the *Lancet* on the plea of its being unfit for publication, and when presented at the office for approval as an advertisement, was also refused. The meanness manifested in endeavouring to suppress a refutation of a most unfair attack, sinks into the shade, when compared to the dishonest artifice of refusing to return the letter so left, alleging as an excuse, that it had been lost or mislaid. I fortunately had reserved a copy. Yours respectfully,

January, 1840. Abraham Banks.

To Thomas Wakley, Esq., Editor of the 'Lancet,' Professor of Medical Etiquette.

Sir,—As you have thought proper to plant your artillery against a work of mine, called "Medical Etiquette," of course you will be far too high, and too proud to suppress this letter, because it may contain some homely remarks upon your observations.

Now, if any doubts were previously existing in my mind respecting the necessity of some work on Etiquette, every vestige of those doubts has been removed by your unmanly versions, for I think they must carry home convincing proof to all who take the trouble to look them through, of the indispensable necessity of some such work as you have thought proper to burlesque. I fear you have read my pages to very little purpose, that is, if you really have read them at all; and although you have chosen to laugh at the idea of endeavouring to establish a good understanding in the profession, by your silly proposition of a Chair of Etiquette; I know no man who would be a more powerful competitor for the honour of that Chair than the Editor of the Lancet, especially if, as he slily insinuates, a few thousands were hung upon it by way of embellishment.

When a man asserts that no code of Etiquette is called for in the profession; that the *Honestum* of Cicero is so obvious, that no man can mistake it; that common sense will always dictate honourable conduct; and that all the members of the medical profession are endowed with this valuable commodity; it can only be accounted for in one of two ways; either from real or assumed ignorance. I can hardly attribute the first to you; I am therefore compelled to suppose that you are assuming an ignorance of that, with which every tyro is well acquainted; and for what purpose? Can it be possible that because a 'Medical Gazette' contemporary had just asserted the real want of a code of Etiquette in the medical profession, you have taken upon yourself to laugh at it as ridiculous? Oh no, this would be party spirit, which tarnishes the brightest characters; bad enough in politics, but infinitely worse when mixed up with matters of morals and science. Oh no, there is no man so wicked and uncharitable as to entertain the idea for a moment that the immaculate Mr. Wakley was ever influenced by party motives!

You have chosen, Sir, to quote a large portion of my first chapter, and in the very face of that quotation have the effrontery to assert that no case *in point* is stated! Why, then, language is all foolery, and the sooner you resign your Editorship for yourself and others the better. I think I have stated, as clearly as words can, "To remove all these difficulties, we would propose that, whenever one practitioner is *accidentally* called in to attend a labour for another, he shall receive half the fee." If a previous understanding had already existed between two persons, what needs of any general rule for them? My book was not written to confirm private individuals in their private arrangements, but to propose general rules where no previous understandings existed. I think a case *in point* is distinctly stated, and that the complaint of your correspondent A. is precisely the which it was intended to meet, for according to my suggestion, Mr. A. and Mr. B. ought to devide the fee between them. However admirably adapted you may be for administering a code, I fear it would be a pretty 'kettle of fish' if you have any hands in its formation.

It seems to astonish you that one medical man should attend out of complaisance for another; I suppose you never enjoyed that felicity, and if you happened to be laid up for a few days, you would no doubt make over all the fees and privileges of your Coronorship to the uttermost farthing, to the person who acted as your deputy. But I can tell you from having attended some scores of labours for other persons, whom I had never seen or heard of before, and often to my own loss and inconvenience, I have never once received the fee, and in one instance only at the suggestion of the engaged practitioner. Himself did I take half; and there may probably be one or two more in the profession who could give you the same information, and in despite of your cutting reproof, "to suppose any man *mean enough to take a fee* he did not earn himself," I can tell you from perhaps possessing a better practical acquaintance with these things than you appear to have, that the *meanness* is generally considered by the profession to attach to the man who keeps the fee under such circumstances; for although the fee is ostensibly given for the attendance, it is in reality given in consideration of the time which a man is lobbiged to be in the way, and the engagements he is compelled to put off, and various other circumstances which arise when a practitioner is so kept in suspense. According to your doctrine, if a man has been hampered in his amusements for a whole month, in hourly expectation of a summons to a labour, and by some accident should be out of the way at the identical moment, he is to lose all compensation for this, although he may be said to have already caused the fee! If this is really law, let us understand it, in order that the ousting system may be put in full force. Your illustration about Sir A. Cooper and Mr. Liston has no more to do with the matter than the moon has with green cheese, and before you attempt again to touch a work on common prose and reason, I would recommend as a sort of preparation a perusal of Demean's elementary work on Logic.

You caution your readers against expecting to find either laws or opinions in my book; how you intend to reconcile this with *truth*, I am at a loss to conceive, seeing that it is full of suggestions and opinions. One word more "all the relations of life have their particular duties," and the relation existing between reviewers and the public has also its duty. Now I take the duty of a reviewer to be, when he makes an assertion, to prove that assertion, or at least to try. It is not sufficient to say that a man is a liar, unless you can prove that he has told a falsehood. It is an easy matter, as I have at times had occasion to remark to others, to say that you detest Mr. Wakley, because he is such a scamp, but only prove him to be such, prove one instance in which he has ever swerved from the right line of rectitude. That justice which I have demanded for you and others, I now demand for myself, and when you assert my book to be a childish production with some exceptions, it behoves you to illustrate this assertion with proof, and for my benefit, and the benefit of those who may read it, point out the childish bits, and also the exceptions; but you have simply contented yourself with making the assertion, considering that quite sufficient from a man who wields the sceptre of opinion over the world of medical Lilliputions. Next week I suppose we shall be told with judicial gravity that the Thames is made of turtle soup; I can imagine that I already see its banks lined with candidates for the savoury fluid. But, however, let us admit for the sake of the arguments that it is a childish production, and I have no doubt that it is as the Editor of the Lancet says; so we are necessarily led, proceeding upon strictly logical grounds, to a very unpleasant conclusion, viz., that if the book is so childish, how much more childish it must be to devote four whole columns of the leading article of the Lancet to the discussion of *such* a childish subject!! Why, this surely must be the very climax of childishness; we may shortly expect to have a lengthy article on the inutility of settling the distinction between gingerbread and parliament. Now if a private individual chooses for his own amusement, and at his own cost, to play the child, the public can have no possible right to complain; but when so *great* a man as the Editor of the *leading* medical journal of the day, the mighty arbiter of sense and nonsense, the universally recognised authority of right and wrong, political and medical, parliament member to wit, coroner and all, ever descends to prostitute the columns of the Lancet, which are in reality not his own, to play the child, or something worse, the public have a right to demand an explanation; that explanation is demanded by your *most humble and obedient servant*,

Abraham Banks, Esq., K.D.S.

December 10th, 1839.

ADVERTISEMENTS.

FREEMASONS' AND GENERAL LIFE ASSURANCE, LOAN, ANNUITY, and REVERSIONARY INTEREST COMPANY.

PATRONS.

The Right Hon. the Earl of Mexborough, P.G.M., West Riding of Yorkshire.
The Right Hon. the Earl of Leicester, P.G.M. of Norfolk.
The Right Hon. Lord Viscount Combermere, G.C.B. and P.G.M. of Cheshire.
The Right Hon. Lord Rssy.
The Right Hon. Lord Saltoun.
General Sir Joseph O'Halloran, K.C.B.
Sir George Magrathe, K.H., P.G.S.W.

DIRECTORS.

Swinfen Jervis, Esq., M.P., *Chairman.*	Ralph Fenwick, Esq.	G. Golds. Kirby, Esq.
William Day, Esq.	Joseph Holl, Esq.	Lewr. Kortright, Esq.
Fred. Dodsworth, Esq.	James Jephson, Esq.	Rich. A. Price, Esq.
	William King, Esq.	Charles Roberts, Esq.

Sir Thomas Usher, R.N., K.C.H.

TRUSTEES.

S. Jervis, Esq., M.P. | H. U. Thomson, Esq., M.D. | R. Fenwick, Esq.

MEDICAL ADVISERS.

H. U. Thomson, M.D., Piccadilly.
H. B. C. Hillier, Esq., Montague-place.
H. S. Illingworth, Esq., Arlington-street.

Among the many advantages to be assured in this Company are, the option of taking the profits in cash or having them applied in augmentation of the sum assured, or reduction of the Premium. Assurances upon Increasing or Decreasing Premiums, and without participation of profits, at reduced premiums. Credit for half the first five years' premiums; policies not forfeited if the premium remain unpaid at the time of becoming due; no error, but only fraud, to vitiate a policy; lives below the ordinary standard of health insured at a moderate increase of rate. Facilities for effecting loans. The business of the Company not confined to the Masonic Body. Commission allowed to Solicitors and Agents. A Director in attendance daily.

Joseph Berridge, Secretary.

11, Waterloo-place, Pall-mall, June 28, 1839.

This day is published, the Second Edition, 8vo, much enlarged, with Plates. Price 7s.,

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. By William Coulson.

Contents:—On Urine—Irritability and Paralysis of the Bladder—Inflammation of the different Structures of the Bladder—Spasm of the Bladder—Urinary Calculi—Lithotomy and Lithotripsy—Wounds and Injuries—Fungus and Cancer of the Bladder—Acute Inflammation of the Prostate Gland—Chronic Enlargement of the Prostate Gland—Prostatic Calculi.

London: Longman, Orme, and Co.

COMFORT WITHOUT RISK.—The attention of Medical Gentlemen is invited to BERDOE'S NEW WATERPROOF FROCK, as a Garment especially adapted to their use. It does not confine Perspiration, has no Singular or Uncouth Appearance, but is Gentlemanly, Light, and Warm; a convenient Substitute for a Great Coat, enabling the Wearer, after Exposure to the most Drenching Rain, to enter the Apartment of the Sick, perfectly dry and free from dampness, and is also a valuable Protection from the effects of Sudden Exposure, from a Heated to a Cold and Damp Atmosphere, or the Pitiless Storm. W. B. has already supplied many of the most eminent of the Medical Profession, who express their entire approval of the Garment, and which only requires to be known to be generally adopted. Made only by W. Berdoe, by whom the New Ventilating Waterproof was first introduced, which renders all garments made of Woollen Cloth, &c., thoroughly impervious to Rain, yet does not confine Perspiration, or impart any objectional property whatever.

WALTER BERDOE, Tailor, 69, Cornhill (North Side). Private Trade, First Floor,

Empowered under the several Acts of Parliament of 14th George 3rd, c. 48; 22nd Geo. 3rd.; 53rd Geo. 3rd, c. 141; 3rd Geo. 4th, c. 92; and 1st Vic. cap. 10.

INDEPENDENT WEST MIDDLESEX ASSURANCE COMPANY, opposite the Bazaar, Baker Street, Portman Square, London; South St. David's Street, Edinburgh; Ingram Street, Glasgow; and Sackville Street, Dublin.

MANAGERS.

Jas. Alexander, Esq.	J. D. Hustler, Esq.	Wm. B. Taylor, Esq.
Samuel Eyre, Esq.	Thos. Knowles, Esq.	John Wilson, Esq.
Robt. Ferguson, Esq.	H. R. Perkins, Esq.	Wm. Whittaker, Esq.
Thomas Hope, Esq.	Thomas Price, Esq.	Geo. Williams, Esq.

IMMEDIATE BENEFITS OFFERED TO THE PUBLIC

LIFE and FIRE INSURANCE RATES reduced 25 per Cent. per Annum Lower than any other Office.

LIFE ANNUITY RATES, calculated on Equitable Principles!!!

FOR EXAMPLE.—For every 100*l.* deposited, this Association will grant the Annuity placed opposite the Age of the party depositing.—From 50*l.* and upwards, in proportion.

Age	30 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80
Pr. Ct. 5l.	5*l.* 10*s.*	6*l.*	6*l.* 10*s.*	7*l.*	7*l.* 10*s.*	8*l.* 10*s.*	10*l.* 10*s.*	12*l.* 10*s.*	15*l.* 10*s.*

LIFE ASSURANCE RATES.

Age	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50
Premium.	1*l.* 11*s.*	1*l.* 15*s.*	2*l.*	2*l.* 6*s.*	2*l.* 10*s.*	2*l.* 15*s.*

This Company make no Charges for intermediate Ages under 50 Years.

FIRE INSURANCE RATES.—Common Insurance.

Private Houses and Shops (not hazardous)	1*s.* 6*d.* per Cent.
Hazardous	2*s.* 6*d.*
Double Hazardous	3*s.* 6*d.*
Farming Stock	1*s.* 6*d.*

Secretary—G. R. Williams.

TO PARENTS and GUARDIANS.—An OPPORTUNITY rarely to be met with, now offers for placing a well-educated Youth with a Physician, who is connected with a public Institution, and is a Lecturer at one of the recognised Metropolitan Schools. The Pupil would receive paternal attention as to morals, and general and professional education. As he would receive without further payment the whole of the required lectures and Hospital Practice, to enable him on the expiration of the term to pass and enter at once into the exercise of his profession, or corresponding premium is required, i. e., as out door pupil £200, in-door £300. Address by letter only to M.D., 10, Wellington-street North, Strand, London.

THE GRAPHIC AID will be found an invaluable auxiliary on the writing-tables of the LEGAL PROFESSION, NOBLEMEN, MEMBERS of PARLIAMENT, MERCHANTS, BANKERS, EDITORS, REPORTERS, WRITERS, and others, superseding the necessity of a portfolio, and possessing all the advantages of a file, the papers being firmly secured and detached from it with the greatest facility. "This is a very ingenious and useful contrivance, and is well adapted for retaining prescriptions."—*Medical Times.* "An article of recent invention has been submitted to our inspection which we do not hesitate to pronounce a very convenient and useful one. It is a copyholder, to which various springs are affixed, by which documents and papers are securely kept together, and any arrangement which may have been given to them is effectually protected from disturbance. It is portable, may be manufactured of any size, and is susceptible of any desired degree of elegance in material or decoration. The title given to it by the inventor is 'Sheath's Graphic Aid.'—Morning Post. "So simple is this invention that we are struck by the general exclamation 'why has it not been invented before?' It is an admirable companion to the floor inkstand; nay, it is its superior, for it makes lit(t)erary men tidy—a hitherto utopian notion. It is portable and convenient, and is admirably adapted to the study and to the escritoire of the Bas Bleu. We thank Mr. Sheath for the valuable aid it affords us."—Freemason's Quarterly Rev. "Very simple, yet very useful, is this little companion to the writing-table, especially to those engaged in letter writing, &c.; the advantage of it is that the papers are firmly secured and detached with the greatest facility by means of a well-managed spring."—Blackwood's Lady's Mag. "This is the simple application of the spring, but therein consists its value and utility. It can never get deranged or out of repair, and it is out of the power of any accident, short of downright force, to disorder it. No Lady's boudoir should be without it for its beauty—no counting-house or office, public or private, should be without it for its utility. Its cheapness places it within the reach of every person, and forms the least advantage connected with it."—Dispatch. May be had of the Inventor, 28, Wilmington-square. Sold by Painter, 342, Strand; Laking, 98, Curson-street, May-fair; Stocken, 53, Quadrant, Regent-street; Smith, 192, Strand; Limbird, Mirror Office, 143, Strand; Medlie, 15, Coventry-street; and by all Booksellers, Stationers, &c. Price, in handsomely embossed cloth, 3s. and 5s. each.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c.—Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, New and Second-hand, at C. JOHNS' Medical Fixture Warehouse, No. 157, Drury-lane, one door from Great Queen-street.

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued, Estimates given, and Shops and Surgeries fitted up in Town and Country.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variations of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 20 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2*s.* and 3*s.* 6*d.* each; upon the express condition that should any quantity thereafter purchased of us at 18*s.* per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price *Lists* of the various kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.

HENRY BRETT and CO., Old Furnival's Inn, Holborn.

*** Gentlemen of the Medical Profession, who patronize our Brandy, are allowed a Discount of 1*s.* per gallon.

London:—Printed and Published by Sydney Smith, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 24. Vol. 1. LONDON, SATURDAY, MARCH 7, 1840. PRICE THREEPENCE, Stamped Edition, 4d.

For the convenience of Subscribers in remote places, the Weekly Numbers will be reissued in Monthly Parts, stitched in a wrapper, and forwarded with the Magazines.
{S. SMITH, WELLINGTON STREET NORTH, STRAND.

MEDICAL PORTRAITS.

WILLIAM STOKES, M.D.,

PHYSICIAN TO THE MEATH HOSPITAL, AND LECTURER ON THE PRACTICE OF PHYSIC IN THE SCHOOL OF MEDICINE, PARK STREET, DUBLIN.

THIS gentleman is a striking proof of the good effects the Governors of Hospitals may effect by electing as their medical officers *young* men of talent, whose ardour in the pursuit of knowledge, and careful observation, has not been blunted by the struggles and difficulties of an incipient practice, instead of those who are rendered careless by success, or whose time is so much occupied, that any hope of their cultivating medicine as a science would be a fruitless expectation. Dr. Stokes is the son of Dr. Whitley Stokes, who is still alive. He was elected about twelve years ago to the Meath Hospital, and began to lecture about the same time at Park Street. He published a small work on auscultation scarcely worth notice, and was not much heard of in England till the publication of his lectures in the London Medical and Surgical Journal. Since that time he has edited the Dublin Journal of Medical Science in conjunction with Dr. Graves, which has afforded the worthy colleagues ample opportunities for glorifying themselves, which, to say the truth, they have not neglected. The work of Dr. Stokes, on which his reputation at present rests, is his 'Treatise on the Diseases of the Chest,' published about two years ago.

Being in Dublin somewhat more than a year ago, we saw a notice that Dr. Stokes was about to give the introductory lecture to his course, and, accordingly, about 3 P.M., we found ourselves in the very uncomfortable theatre of Park Street. This institution was founded by Mr. Cusack and some others, and so built that if the speculation failed, the proprietors might be enabled to convert it into a conventicle. The theatre is the most miserable hole of the kind that can be imagined. Seats without backs, arranged in semicircles, so that each person sits on the toes of the one above him, and leaves with his coat and trowsers none the cleaner for the collision. On the occasion we allude to the place was quite full, and soon after we had managed to clean a seat at the expense of a pocket handkerchief, the lecturer entered, followed by some of his colleagues. He was received with such cheering as only an Irish class know how to raise, and our impression was decidedly in his favour. With a pale intellectual countenance, finely turned forehead, and gentlemanly appearance, good voice, clear and impressive delivery, Dr. Stokes has far more of the qualifications for an orator than generally fall to the lot of medical lecturers. He had lengthy notes, and from these he commenced reading on a subject dear to the feelings of his auditors. He traced the rise of Dublin as a school of medicine, and described its peculiar advantages, without reference to his own clique. He gloried that their pursuits were purely practical, that there they had no supporters of exclusive theories, no solidists nor humoralists, no followers of Brouissais or Clutterbuck—the Dublin school was essentially an *eclectic* one; to this height he felt he had done something to advance it, but he merged all feelings of self in the pride he felt as an *Irishman*. Here his hearers could scarcely be kept within bounds—they were vociferous in their applause. He then went on to show, that, while in London, the disciples of Mesmer were rampant in their folly, their vagaries had been uniformly scouted in Dublin, and it was in Dublin that the exhumation of the skull of Swift had given the death-blow to an expiring phrenology. He then went on to show the effect a rational study of pathology had had, and was calculated to have, on the practice of our profession, concluded by another claptrap, and retired amid enthusiastic cheering.

The next time we saw the worthy Doctor was at one of the early levées of Lord Ebrington, but in his silks and tights he resembled nothing we can conceive in earth or heaven so much as the fish who thought water was not the most comfortable medium for its existence, and found itself very ill at ease on terra firma. So long as he confines himself to the hospital and lecture-room he is respectable, beyond that nothing.

His writings are good, but he has a great fault in hastily jumping to conclusions, in generalizing from too few facts. His principal failing is a most insufferable egotism, which is never more evident and disgusting than when he is disclaiming it.

> "The devil he grianed, for his darling sin
> Was the pride that aped humility."

His manners are variable, sometimes affable; and when in the humour, there are few men who can be so pleasing. But more often he offends the self-love of his companions, by affecting an absence of mind which has the appearance of a supercilious reserve. This no doubt would wear off if he were in some place where he associated with men more his equals; but the standard of intellect is somewhat low in Dublin, and the Triton will be a Triton though it is only among the minnows.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, February 27:—William Hemsley, Kegworth; Henry Gully Foy, Taunton; Samuel Gleadall, South Kirkley; John Mayer, Newcastle; John Kenyon, Hooton Pagnell; Thomas Hunt, Bristol; Samuel Birch Bucknill, Rugby.

LOCK HOSPITAL.—Considerable feeling has been infused into the contest for the vacant post here. Mr. Good is making it a close run with Mr. Lane.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

TREATMENT OF SYPHILIS CONTINUED.—MERCURY—ITS GOOD AND BAD EFFECTS.

MERCURY, gentlemen, is employed in the treatment of syphilis, either simply as a local application, or as a remedy capable of producing a powerful influence on the system at large; and through that influence, of arresting the progress of the disease, and ultimately curing it. Mercury in the metallic form is inert; it produces no effect upon the human body; it may be swallowed in any quantity, and will do neither good nor harm. It exercises no influence except when it is combined with oxygen, or with an acid. When we endeavour to produce the peculiar effect of mercury upon the constitution, we can accomplish this purpose either by applying certain forms of mercury to the surface of the body or by administering it internally. The most common way of using it externally is by friction—that is, rubbing on the inside of the thighs, before the fire, for the space of twenty or thirty minutes every night, a drachm of the mercurial ointment; sometimes half a drachm only is employed, sometimes a drachm, twice a day. When the rubbing is discontinued, the chief part of the ointment will be found to have disappeared—it may be said to be rubbed in. The patient should not wipe off what is adherent to the skin, but put on a pair of flannel drawers, and wear them during the process. If pimples should break out by rubbing the ointment on the inside of the thighs, the patient must vary the part on which he rubs; and inasmuch as a certain proportion of the ointment adheres to the skin, it is necessary to wash the surface clean every third night, before beginning to rub in more. Now when mercurial ointment is employed in this way to the outer surface of the body, it is capable of producing the same general effects on the system as when other forms are taken internally. By the aid of friction, the ointment is made to enter the absorbent vessels, and thus it is introduced into the system. The merely putting ointment in contact with the skin is not sufficient; if we only spread the ointment on the surface, the effect is not produced; the mechanical action of rubbing is necessary to accomplish the purpose. A principal advantage attending this mode of employing mercury is, that it does not produce those unfavourable effects on the alimentary canal, and other parts of the system, which the internal use of mercury frequently does—or it produces them in a much less degree. Hence the employment of mercury by friction used to be the general mode in which the remedy was administered for the purpose of affecting the system. The troublesome nature of the process perhaps led, in some measure, to its discontinuance, as it is not now so common a mode of employing mercury as the internal administration. Of the forms of mercury which are administered internally, perhaps the safest, and, upon the whole, the best and most convenient, is pilula hydrargyri, or blue pill as it is called. This is given generally in doses of four or five grains; but sometimes as large a quantity as ten grains at each dose is given two or three times in twenty-four hours. Another mode, and a very common one, of administering mercury internally is in the form of calomel—the hydrargyri submurias. One or two grains, and sometimes three or four grains of this are administered two, three, or four times in twenty-four hours. Now as calomel frequently acts as a purgative, it is often necessary, when it is administered with a view of influencing the system, to combine it with opium, to prevent its action on the bowels, and for this purpose one-third of a grain or more may

be united to each dose of the calomel. Frequently it is necessary to combine opium in the same manner with the blue pill; for though this does not commonly act as a purgative, it does sometimes affect the bowels. The hydrarg. e. creta is a preparation of mercury, produced by rubbing it with chalk; it is considerably less active than either of the two preceding, and therefore is more mild. It is employed where we wish to administer mercury to children, or in cases of individuals in whom other forms of mercury disturb the bowels or produce unpleasant effects. It is given in doses of from five to ten grains, and may be employed two or three times a day. This is a form of mercury which is not employed where we want to act powerfully or quickly on the system. The oxymuriate of mercury, or corrosive sublimate, is another form that is employed in certain cases, though it possesses poisonous qualities even in small doses. On account of the active properties of this form of the medicine, it must be used in minute doses, and its effects cautiously observed. We give sometimes the sixteenth of a grain, or the eighth, or the fourth of a grain, two or three times a day —seldom exceeding one grain in twenty-four hours.

Now mercury, like all other remedies, affects different individuals very differently, so that we cannot mention any definite dose that can be employed by all persons under all circumstances; indeed there is a considerable variety in different individuals, in this respect. There are some persons in whom the smallest quantity, as a grain or two of blue pill, will produce salivation;—there are others in whom you may rub in mercury, and give calomel or blue pill in large doses internally, and yet you cannot affect the system. Hence it is necessary to proceed cautiously in the administration of mercury, and to watch its effects. You cannot safely order a dose and let the patient go on taking it for several days without seeing him; you may find, perhaps, that salivation has come on in the meantime. You should inquire, in such cases, whether the person has taken mercury before; whether it affects him quickly and in small doses;—you should ascertain these points before you direct the form and quantity of the remedy. In such cases frequently, where we wish to affect the system rapidly, in order to put a stop to symptoms that are spreading in a destructive way, we employ the remedy both externally, in the shape of friction, and internally, as in the administration of blue pill or calomel, till we produce a certain effect, and then, perhaps, we adopt the internal or external administration alone, provided we can thus keep up the effect to the required extent.—When mercury is given in a moderate dose it generally purges, and a small quantity, repeated from time to time, is given on account of the mode in which it produces this effect, in order to alter the state of the secretions in the alimentary canal. But it is not the purgative effect of mercury, nor the influence, which it is thus capable of exerting on the secretions, that has the power of checking the progress of the venereal disease. Mercury must be given in large doses; it must be repeated; the effect of it must be continued often for a considerable length of time, in order to bring about that change in the system under which the venereal disease is arrested in its progress, and is made to commence the restorative process; in truth, the action of the remedy as a purgative interferes with its influence on the system—with that influence which is necessary to check the venereal disease. The remedy produces very considerable and powerful effects on the animal economy. It generally increases the quickness of the pulse, and sometimes produces a slight degree of what we may call feverish excitement; it augments some of the secretions, particularly that of the salivary glands, frequently those of the kidneys and of the skin. It not only augments the secretion of the skin, but sometimes the secretion becomes actually impregnated with the metal, so that articles of gold and silver that are worn near the person undergo superficial amalgamation in consequence: a gold watch may thus be turned white. —Mercury produces a peculiar effect on the mouth. In the first place it causes an unpleasant metallic or coppery taste, which patients are most sensible of in the morning, communicating at the same time a fetor to the breath, so that persons who have taken mercury, and do not wish that the fact should be known, must be careful not to approach too near to those from whom they wish to conceal it. It then produces a swollen, spongy, inflamed, tender state of the gums, with looseness and a painful condition of the teeth, so that the person is not only unable to bite a hard substance, but even anything that approaches to a state of solidity. The surface of the tongue, and the mucous membrane of the lips and cheeks, undergo the same kind of inflammatory affection as the gums. The parts swell and become very painful, and if the effect of the remedy goes on, it causes ulceration, the surface thus exposed assuming a sort of greyish or ash colour, as if it were covered with a superficial slough. In the further progress of the mercurial influence, sloughs to a considerable depth may take place. In conjunction with these effects in the mouth, there is an increased secretion of the salivary glands, and this constitutes salivation, or ptyalism, during which a person will spit a pint, or it may be two, three, or four pints in 24 hours. The fluid thus discharged is turbid and ropy, consisting apparently of a mixture of the secretion of the salivary glands with mucus derived from the mucous membrane. The effect which is thus produced upon the mouth is considered as a criterian of the general influence of the remedy upon the system; it is considered as a test of the influence on which we place our reliance in arresting and curing syphilis, and I believe it may very safely be regarded in that light. So long as no alteration is produced in the state of the mouth, we frequently shall not have the curative effect of the mercury taking place, and we generally find the curative influence proceed in an equal degree to that of the local effect upon the mouth. We cannot, however, say that this is absolutely true in all cases; other effects of the remedy may be produced, although this peculiar influence on the mouth may not have taken place to the extent that we expected; so that there are some instances in which syphilitic symptoms subside, although mercury does not produce its usual effect upon the mouth. Now at the same time that these effects of mercury are produced upon the system, we see a beneficial influence produced most obviously on the syphilitic symptoms. Venereal ulceration is put a stop to, the restorative process commences, and the ulceration heals; lymph which has been effused from the iris into the anterior chamber is absorbed; swellings of the periosteum are dispersed; matter is frequently removed from buboes; pains of the bones and joints subside, and eruptions of the skin fade and go away. Such are the kind of changes that we observe in the syphilitic symptoms when mercury is introduced into the system and acts favourably on the disease. Now we really find it difficult to reduce these several manifestations of the mercurial influence on the symptoms of syphilis to any one general principle. Indeed when we survey them collectively, some of them seem contradictory. We observe that mercury has a powerful influence in producing absorption—that is, it may cause absorption of lymph from inflammation of the iris, and of the interstitial deposition that constitutes nodes in the periosteum;—it will also produce absorption of the matter of a suppurating bubo; now in all these cases we see it acting in increasing the action of the absorbent vessels. But, on the other hand, we observe that it arrests the action of these vessels in ulceration;—it puts a stop to the process of absorption which continues and increases the ulceration, and it occasions the deposition of the new matter which is necessary to repair the breaches produced by such ulceration. It has been said that mercury cures syphilis by its specific power—that is, that mercury is a specific for syphilis, which would imply that the administration of mercury would always and invariably put a stop to this disease. If the inquiry be made, what is the specific power of mercury? the answer would be, it is to cure syphilis: so that we only reason in a circle. Mr. Hunter says the mercury produces irritation in the system, which irritation supersedes or destroys the irritation caused by the venereal disease. Now for my part I cannot discover more in this than the simple statement of the fact that mercury cures the pox. I believe we cannot yet go much farther than this, in our attempts at explanation. In order to produce the beneficial influence which we wish to effect in syphils, it is necessary to give the remedy repeatedly, and to persevere in the employment of it for a considerable length of time. It is not one or two doses that will produce any effect; we must give the remedy, perhaps, several times in twenty-four hours; and day after day, week after week—nay sometimes even months are consumed in its employment, before the requisite effect is produced. We cannot say that the remedy is to be given exactly in the same doses, or the same repetition of doses, during the whole of this time. We must watch the effect it produces; we must sometimes increase the dose, sometimes diminish it—leave off the remedy, and commence it again—according to circumstances, the object being to produce a certain effect upon the system, which we must keep up for a certain length of time. When a person employs mercury in this way, for the cure of the venereal disease, or indeed for any other disease, he is said to go through a course of mercury: it is called a *mercurial course*. Now there are certain rules of diet and management to be observed, in order to ensure a favourable action of the remedy on the system.

In the first place, we find the effect of mercury on the system is increased by warmth, and keeping the patient in a regulated temperature. Hence heretofore it was a constant rule that the patient should continue in his own room, and not expose himself to the external air while going through a course of mercury. There is so far reason for this, that free exposure to the air lessens the action of the mercury. If we wish to effect the object as soon as we can, and to carry it as far as we can, we should keep the patient in a warm and tolerably uniform atmosphere. We do not now confine a patient strictly to his chamber during a mercurial course—it is not necessary; but, as a matter of precaution, he should avoid cold and damp; we ought not to allow him to go out at night, but keep him warm and well clothed; and under certain circumstances he should be confined to his room, but it should not be considered as a general rule. The diet of the patient should consist of milk, bread, and farinaceous articles. When the mouth begins to be affected the patient is unable to take food of a solid kind; therefore the articles I have mentioned are almost from necessity the diet of a patient at that time. There is, moreover, in consequence of the action of the mercury, a feverish state of the system produced, under which animal food and fermented liquors would be absolutely improper. On account of the disposition which mercury has, whether employed internally or externally, to affect the bowels, it is necessary to avoid certain articles of diet that will favour that disposition;—thus, in the progress of a mercurial course, a patient should not take acids—he should not eat salads, pickles, vinegar, unripe fruits, nor undressed vegetables. There are some instances in which mercury is administered to patients who are already in a considerably reduced state of health, and in whom it is expedient to sustain the general strength of the system at the same time that we avail ourselves of the power of mercury in checking the specific disease. Under such circumstances it is necessary to allow the patient a nutritious and rather generous diet at the time that we are using mercury. We therefore give soups, strong broths, a small quantity of fermented liquor, as porter or ale—or even wine and water may occasionally be allowed under such circumstances. The effect of mercury often proceeds further than we wish, and indeed in many instances the remedy acts prejudicially on the system: it produces effects which are in themselves almost a kind of disease, sometimes, we may say, a serious disease, and which requires appropriate treatment. Sometimes the remedy acts very seriously on the mouth, producing excessive salivation; and I do not know a more painful condition than that of an individual in whom the mercury does produce this excessive ptyalism. The tongue becomes swelled, excessively sore, excoriated on the

surface and edges, and presses against the teeth on each side, so that indentations of these are observed on the margin of that organ. Sometimes the tongue is so swollen that it actually protrudes out of the mouth, constituting a most painful state: the lips are enormously swelled, and the whole head and face sometimes participate in the tumefaction. The mucous membrane of the lips, cheeks, and throat, becomes inflamed, excoriated, ulcerated, sloughy, and excessively tender. There is at the same time an incessant and profuse discharge of fœtid saliva from the mouth; this continues to run night and day, and, in fact, it almost prevents the patient from taking rest. The quantity of the discharge, under such circumstances, is beyond what I have already mentioned; frequently a pint or a quart of saliva flows from the mouth in a comparatively short time. Salivation is not a state that at all endangers life, though sometimes it almost prevents a person for a certain period of time from taking food: it is impossible in the swelled, excoriated, and tender state of the tongue and throat, for the patient to perform articulation or deglutition with comfort. Now, unfortunately, there is no direct or speedy remedy for this very painful and distressing state: it will require two, three, or four weeks for the affection gradually to subside, and we cannot, perhaps, very materially accelerate the disappearance of the symptoms. I have mentioned that a warm and uniform temperature promotes the action of mercury;—in the same way free exposure to cold tends to diminish it; so that when a person labours under the state of the mouth that I have just mentioned to you, he should go into the open air without handkerchiefs wrapped about the face. People are apt to tie up the mouth, in order to avoid the air; but, on the contrary, they ought to expose themselves to the open air. Saline purgatives should be administered in small doses, so as to keep the bowels open; for when mercury acts on the bowels, its action is less on the mouth. Locally the patient must employ a lotion of alum or tincture of myrrh, in the infusion of roses, in order to cleanse the mouth out, to remove those very offensive secretions which are constantly poured into it, and keep it in some degree comfortable. Strong solution of nitrate of silver may be used for the same purpose. In this way the effects produced by excessive salivation will gradually subside; but I do not know any mode of putting a stop to them quickly. Mercury very frequently acts unfavourably on the bowels; it produces pain, griping, and purging, with tenesmus and mucous evacuations; that is, it produces generally a state of irritation of the alimentary canal. Sometimes, in order to put a stop to these effects, you must discontinue the remedy, and give the patient opium —tincture of opium in chalk mixture. A dose of rhubarb, with pulv. cretæ c. opio, will open the bowels and relieve the irritation; and when you resume the use of mercury again, you must combine it with opium, in order so prevent it from producing those effects. Frequently by a combination of opium with mercury you prevent the recurrence of unpleasant symptoms in the bowels; although, if you give mercury alone, you have the same symptoms recur.

Sometimes mercury produces a peculiar inflammation of the skin, which Dr. Bateman calls, eczema mercuriale. Eczema is a Greek word, meaning to boil over. The skin becomes inflamed in patches; minute vesicles form on the inflamed surface, as thickly set together as they can stand. These at first are hardly visible, as their contents are transparent; but they soon become opaque and purulent; they break and discharge matter, which encrusts on the surface of the skin, rendering it raw and tender. Under these crusts exudes a considerable quantity of secretion, rendering the skin hard and uncomfortable. Fresh patches of the skin become inflamed, and go through the same process. Thus, frequently this peculiar inflammation of the skin—this *eczema*, or what some call *erythema* mercuriale, extends over the whole surface of the body. The affection is a painful one, for it is attended with considerable inflammation of the skin; and the dry crusts which are formed on the surface—the exudation of matter—and the stiff state of the linen produced by this discharge, which is usually of a fœtid odour, renders the patient subject to irritation over the whole surface of the body. Now this complaint goes through a certain course; it gradually subsides in the parts in which it first appeared, and then comes on in others; but it is the source of great pain and distress, and even high constitutional irritation, during the time it lasts. Its occurrence seems to be owing to some peculiarity of constitution in the individual, for it will take place without a large quantity of mercury being employed: it will take place either in consequence of the external use of mercury by friction, or of its internal administration. Sometimes it commences where the friction is used—on the thighs, and thence extends over the body; but it will be produced in individuals subject to it by the internal employment of mercury, and that even in moderate doses; and where a person is subject to this affection, it should preclude the use of mercury, except circumstances of the most imperious necessity require it. No person would think of using mercury in an individual who had been the subject of erythema mercuriale, except under the most urgent circumstances. The affection admits of little more than palliative treatment; soothing and mild local applications should be employed. The surface may be washed and gently cleansed by means of emollient or mucilaginous fluids, milk and water, decoction of linseed, and thin gruel. Parts which are particularly sore and inflamed may be covered with a bread and water poultice. Mild unctuous applications may be employed after the inflammatory stage is gone by, in order to detach and remove the crusts that are formed on the surface of the body. Aperient medicines, of course, must be given;—saline draughts with antimony may be used, and the complaint under such treatment will gradually decline.

Mercury frequently seems to act as a kind of poison upon the system; it will produce a quickness and small state of the pulse; it will cause the loss of flesh, loss of appetite, and continued restlessness at night; in fact, a state a good deal like what we call hectic fever. Sometimes it goes further, and has a peculiar influence in disturbing the action of the heart and the respiratory organs. It causes a sense of oppression about the præcordium, frequently an irregular action of the heart, a small, quick, intermittent pulse, coldness of the surface, and a pale contracted state of the countenance. These symptoms have been called *erethismus*. Erethismus, which is a Greek word, is about equivalent to irritation. The best remedies for this peculiar affection are, first, free exposure to the air; secondly, medicines of a cordial or stimulating kind, a good and generous diet, animal food, wine, and other fermented liquors. These means seem obviously calculated to raise the drooping powers of the circulating system and the rest of the economy. In point of fact, such means are found the best calculated to remove the symptoms I have mentioned. In the state of the system produced by the action of mercury, some persons appear to be particularly disposed to rheumatic affections. Under a mercurial course we frequently find patients complaining of pains in the joints and limbs; and besides that, we occasionally see actual swelling of the joints coming on, which we have every reason to ascribe to the effect of mercury. It would thus appear that in some individuals, having a rheumatic disposition, the employment of mercury is likely to bring it into action. Hence the necessity of individuals of such constitution observing all the caution that is possible to prevent the prejudicial action of the remedy.

To this catalogue of evils that are produced by the employment of mercury, some persons are inclined to add very considerably; and, in fact, among the prejudicial effects of the remedy are enumerated, by those who are unfavourable to its employment, eruptions, iritis, affections of the nose, of the bones, and of the joints, being a considerable part of those symptoms which we know as the secondary symptoms of syphilis. It has been contended by those who, in modern times, have been great advocates for the treatment of syphilis without mercury, that a great part of those symptoms usually described as secondary, are in fact the result of the remedy that has been employed to counteract syphilis. Now I must observe, in the first place, that we know all the symptoms that I have just mentioned may be produced by syphilis treated without the aid of mercury: we know that each of these symptoms is seen in individuals who have taken no mercury at all; we have therefore clear evidence that all these effects may be produced by the disease. We have not the same evidence that they can be produced by mercury; on the contrary, mercury is given in many diseases besides syphilis, and to a considerable extent; but in no instance when given for such diseases do we find it produce eruptions like syphilitic eruption, or that it causes iritis, diseases of the bones, of the nose, or the periosteum: the effects then in question can be produced by the pox without mercury; but we have not the same clear evidence that it can be produced by mercury without the pox. Now it is true, that mercury and the pox taken together may produce that which neither will produce singly. I readily admit that the injudicious use of mercury, and the repeated employment of it in cases in which it ought not to be employed, may act prejudicially on the system, and that a perseverance in the use of it, where it exerts some of its noxious influences, may aggravate the symptoms of syphilis—may tend to make them return more easily—and may make them more difficult to cure. Thus, I think, there can be no difficulty in admitting—that the employment of mercury, under such circumstances, may increase the difficulties which belong to the disease itself. I cannot, however, myself at present see any evidence that mercury is capable of producing these symptoms, which we are in the habit of witnessing as the effects of syphilitic poison, where no mercury has been used; and certainly there are injurious effects enough arising from mercury without adding those that do not belong to it. In fact, all we want is a knowledge of the truth—to know what the remedy is capable of effecting, and what it is not—to understand what advantages and what disadvantages it may produce on the system, and not to carry our notions of it beyond what is legitimate; for the remedy, undoubtedly, is a valuable one, and we might be led by incorrect notions to reject its influence in cases where it would be really of service.

A consideration of the prejudicial effects of the remedy, of course, would naturally lead us to restrict its employment to cases in which we deem it *absolutely necessary*; and also to endeavour to secure the effects which we wish to accomplish by the use of as small a quantity of the remedy as is consistent with the object. This naturally leads to the consideration of two questions: first, whether a slight degree of the influence of mercury on the mouth may be considered as a criterion that it has produced all the effect that is necessary towards removing the venereal disease? Or whether a more considerable influence of the remedy may not be considered necessary generally, or in particular cases? It has been much the habit to be contented with producing just a sensible impression on the mouth, and then discontinuing the mercury, under the notion that when the mouth is affected at all, the system has experienced a sufficient influence for the removal of the venereal disease. I cannot coincide with this opinion. In a great number of instances, a slight effect of mercury on the mouth is sufficient; but there are instances in which this slight effect does not remove the symptoms, and in which, if the remedy is carried farther, so as to produce a more considerable influence, the symptoms yield. In fact, I think we never see the symptoms of syphilis yield so favourably as in certain instances, where the remedy, perhaps without our wishing it, has gone to the extent of producing profuse salivation. Under such circumstances we see a rapid improvement of the symptoms, which we do not see when the mouth is only affected in a slight degree. Another question immediately connected with the same point is, how long the remedy should be continued? Is it sufficient to destroy the venereal character of a sore, and to produce the healthy process of reparation? May you discontinue it then, and allow the sore to cicatrize? May you leave off the mercury when cicatrization is accomplished? Will you derive any benefit in respect of securing the

patient from the occurrence of secondary symptoms by continuing it yet longer? These are important questions, and hitherto, perhaps, we have no means of answering them decidedly. With respect to the first, however, I should say it is not sufficient to affect the character of the sore, and then leaving off mercury, to trust to its healing. It is desirable to continue the use of the mercury till the sore is cicatrized. Then, secondly, whether any good is produced by persevering in the employment of mercury after the sore is cicatrized, with a view of preserving the constitution? This is an important point; but if you refer to the best writers, they say little calculated to assist you. Mr. Hunter's statements on this point are very contradictory. In one part he says you may discontinue it as soon as the local sores heal—in another he thinks that mercury will "protect the constitution," to use his own words; in short, you can get no clear evidence from him. General experience has led to the belief that a perseverance in mercury for some little time—a week, ten days, or a fortnight after the cicatrization, has a beneficial effect in securing the constitution;—so that at present I am in the habit, when I have given mercury, not to leave it off suddenly, but to continue it after the local symptoms have subsided, under the impression that such continuance of the remedy tends to diminish the chance of further mischief.

SPIRIT OF THE MEDICAL PRESS.

OVOLOGY.

My colleague, Dr. Rawlins, has informed me of the result of his investigations on ovology, and mentioned the following particulars:—The ovulum in animals enters the uterine tube on the seventh day after impregnation, gets half-way down the tube on the ninth, and on the eleventh day it enters the uterus, and rests upon its superior borders. From the moment the ovulum enters the distal extremity of the tube, and during its passage into the womb, there is a limpid fluid of slightly yellow colour behind it, which becomes more viscid and very much diminished in quantity, according as the ovulum approaches the uterus. When the ovulum enters the womb, it is still moistened all round by this viscid fluid, which is supposed by Dr. Rawlins to be the source of nourishment to the ovule until it becomes attached to the uterus. On the eleventh the internal surface of the uterus is congested and covered with an albuminous secretion, which forms the decidua, and portions of which may be separated by maceration. When the ovulum first enters the uterus, it rests inferiorly on the decidua, and is in direct contact with the uterus superiorly. It now becomes attached to a point at the inferior part of the uterus, and covered inferiorly and internally by the decidua, and as it enlarges it becomes completely enveloped by the decidua, except at the point of union between the ovulum and uterus, into which the umbilical cord enters. The point of union at first becomes covered with lymph, which gradually increases, and finally becomes organized, forming the placenta. The whole of this process is completed between the 24th and 26th day. —*From Dr. Ryan's Midwifery, Part IV.*

DISLOCATION OF THE HUMERUS BACKWARDS, WITH FRACTURE THEREOF; AND INJURIES OF THE HEAD.

Sir Astley Cooper states in his lectures, that but two cases of dislocation of the humerus backwards occurred in the course of 38 years at Guy's Hospital; the following complicated case may, therefore, not prove uninteresting:—Timothy Breen, aged 62, was admitted into the North Hospital, Cork, under Dr. Bullen, on the 4th inst., with dislocation of left humerus backwards, on the dorsum scapulæ, and fracture of same humerus in middle third, received by a fall from a car: patient was unable to describe the details of his case, suffering, as he was, from severe injuries of the head, and fracture of the ossa nasi received by same accident. The case presented a most extraordinary appearance of deformity—the fractured extremities of bone projected the one over the other about four inches—the glenoid cavity appeared as clearly delineated as in the naked bone—and the muscular boundaries of the axilla as well developed as though dissected for demonstration. Dr. Bullen first adjusted the fractured portions of the humerus with splints; and, extension being made by the house-surgeon, at an acute angle, forwards and outwards, pushed the head of the bone from behind into its place. The dislocation was reduced with very little difficulty.—*Dub. Med. Press.*

REMEDY FOR HYDROPHOBIA, BY DR. ASMUS.

The history of the remedy is as follows:—The Thömer family at Stolp possessed the receipt as long as any one could recollect, and distributed the medicine. Chemical examination did not succeed in discovering its composition. Often as it had been used, no case was known where hydrophobia had appeared after its employment, not even when the first symptoms had indubitably begun to manifest themselves. The directions are, that the person bitten is to swallow three times as much of the powder as can be taken up with the point of a knife, for three days running, in the morning. It is to be taken fasting and in warm beer, and the patient is to wait till perspiration comes on. No particular diet is required, nor scarifying or cauterizing of the wound. Many respectable persons pledge themselves to the unusual efficacy of this remedy, which was communicated to Dr. Asmus by the last Thömer. Its composition is as follows:—

℞. Lap. Cancror. ppt.
Pulv. rad. Gent. rubr. aa. ℥ij.
Bol. rubr. ℥j.
Gummi myrrhæ. ℥ss.
M. ft. pulv. subtilissimus.

Med. Zeit. Schmidt's Jahrbücher.—Trans. in Med. Gaz.

CLINICAL LECTURE ON MALIGNANT DISEASES.

DELIVERED AT THE RICHMOND SURGICAL HOSPITAL, BY MR. CARMICHAEL.

Cancer of the uterus may be confounded with chronic inflammation and enlargement of that organ—or with diseased ovaria—or with hydatids or false conceptions—or with polypus of the uterus. Time would not permit me to describe the symptoms of those different diseases. Suffice it to say, that although in all you may have more or less uneasiness in the loins and region of the uterus, yet in none will there be found the hard, firm, cartilaginous feel, which the cervix uteri, when affected by carcinoma, always betrays on examination. In chronic inflammation of the uterus, you may have enlargement of that organ, with tenderness upon pressure, and more or less of leucorrhœa, with glairy discharges from that organ itself. When one or other of the ovaria is enlarged, the swelling takes place at one side of the hypogastric region, though, as it increases, it may engage the entire of the region, and even extend above the umbilicus. Collections of hydatids are liable to be mistaken by the most experienced for true conceptions, and have scarcely anything in common with the symptoms of cancer, except those bearing down pains already mentioned, calculated equally to expel a fœtus, or any foreign production. Polypus, while within the uterus, is attended with the same description of pain, and also with frequent hæmorrhage. When it descends into the vagina, its nature then alone becomes manifest, and it is found attached to the uterus by a narrow neck which passes through the cervix; which several circumstances, and their relation to each other, are sufficiently obvious on examination.

I have met, however, with several instances of cancer commencing in the vagina, and with that peculiar form of it termed cauliflower excrescence—affections just as formidable and unmanageable as cancer of the uterus. When any of these forms of the same disease proceed in their ravages, they engage the urinary bladder and urethra; on the one hand, causing frequent and painful micturition; and, on the other, the rectum, occasioning obstinate constipation, and various distressing symptoms. I have even seen portions of the small intestines attached to the fundus of the womb, and their calibre much diminished, and, consequently, the passage of their contents impeded by the extension of the cancerous growth into the canal.

Gentlemen, before I conclude my observations upon the nature of the extensive family of malignant diseases, I would wish it to be distinctly understood that the doctrine of their possession of an independent vitality is offered to your consideration as a mere hypothesis—the facts upon which it rests have been laid before you, and you may either reject it, or consider it worthy of further consideration and research, just as you please. Every day is adding to our knowledge of the entozoa, and many new forms of animal life, not hitherto suspected, are found amongst them. It, at first view, shocks the mind, to attribute independent life to an apparently disorganized mass of animal matter. But at their first formation these foreign bodies are not so shapeless or disorganized as they afterwards appear when they have gone through the transmutation to which they, in common with all animal and vegetable beings, are subject—viz., production, growth, reproduction of young, death, and decay. When tubercles are first observed, they are either semi-transparent vesicles, or small rounded, compact, medullary, or brain-like bodies, not larger than minute grains of shot, scattered either through the parenchymatous substance of the various organs, or on the surface of serous membranes, as the pleura and peritoneum. Those which are vesicular soon lose their transparency, and become solid opaque bodies; and these, as well as the medullary tubercles, increase and spread into each other, when they lose all that appearance of regularity consistent with our notions even of the lowest grade of organized beings. When they die, they leave behind them, like the acephalocyste and cisto-cercus hydatids—acknowledged animals; a mixture of phosphate and carbonate of lime blended with some animal matter, a compound resembling glaziers' putty both in appearance and consistence—that which is observed at the commencement of pulmonary tubercles, a disease so common as to afford frequent opportunities of examining those bodies in all their stages, we may infer from analogy applies to the early stages of the other forms of malignant productions; but *the commencement* of the latter is likely to escape our observation, for having no symptoms or indications of their presence to induce us to look for them in the various tissues, they can only be discovered by chance.

The view I have taken of the nature of cancer, and of the entire family of malignant diseases, explains a number of phenomena and anomalies, inexplicable on any other principle.

Thus, though they are justly not attributable to any morbid poison, yet they resemble morbic poisons in this circumstance, that they are sometimes local, but, more frequently, constitutional; by which last term is to be understood, that the disposition to their production is general over the entire frame. If cancer is not occasionally a local complaint, no man in his senses could think of removing it by operation; but that that operation is, sometimes successful, there is no doubt.

I have already stated that operation is also likely to prove successful in those cases where either the organization of the part which it assails has been injured by external causes, so as to render it a fit nidus for the production of the entozoa, or in those parts in which we have reason to suppose some great changes occur in their organization and natural degree of vitality—*i. e.* when, for the first time, they become useless appendages to the system; for instance, the breasts and uteri of females, at the period of the cessation of the catamenia, and, consequently, of the powers for which those organs were originally designed. Hence we may infer why they should be particularly liable to this class of diseases more from a local than from a constitutional cause; but both may concur in the same individual, as is frequently the case, and then the disease is truly irremediable.

It is only on the principle of the independent vitality of tubercles that we can account for their production without any preliminary inflammation. Why, the most minute injection cannot be forced into them, while all the parts in which they are embedded are reddened by it. Why, as long as they retain their vitality, like the Guinea-worm in the flesh, they do not excite inflammation or fever; and thus is explained why many persons have been found after death to have had tubercles in their lungs, in whom they were not suspected during life. But when those animal fungi die, they then, and not until then, give the stimulus of extraneous bodies, and excite irritation and inflammation in the surrounding tissues, with sympathetic fever, which, at length, becomes hectic from the unavailing efforts of the constitution to free itself from those now irritating bodies. They are partly thrown off in the form of that peculiar expectoration which is not pus, but the dead and softened tuberculous substance, mingled with more or less mucus furnished by the irritated and sub-inflamed bronchial membrane in their neighbourhood. This softening, according to Laennec, commences in the centre of each tubercle; and when the entire of it is thus removed, a cavity remains, formed by the condensed cellular membrane, containing a mixture of phosphate and carbonate of lime, and animal matter as before intimated.

On this doctrine alone can any satisfactory explanation be afforded of those enormous masses of animal matter found in the abdomen and elsewhere, of which I have mentioned some striking examples.

If these views are correct and founded in nature, another, but a lower link, will be added to the entozoa, which, according to Cuvier, belongs to the second class of zoophytes. The animal fungi will, from the views I have taken, consist of—

1. Tubercle of the lungs and other organs, whether commencing in the form of a grey semi-transparent vesicle, or of a medullary substance, including those large tuberculous masses met with most frequently in the abdomen.
2. Fungus medullaris and melanosis.
3. Carcinoma.

With respect to treatment, it is obvious, from the views I have taken of the nature of malignant diseases, that I consider the ars medica can be much more serviceable in pointing out such means as may prevent the accession of these maladies than in curing them. If they arise from a constitutional cause, they are absolutely incurable; much, however, may be done in alleviating the sufferings of the patient, and in retarding, perhaps, the progress of these diseases. A diet, consisting chiefly of farinaceous and vegetable aliment, with but little animal food, as being the least stimulating, is the most appropriate. If, however, they arise from a local cause, they admit, perhaps, of being cured or removed.

With respect to prevention, I have only to urge the necessity of attending to the general health, and to preach to the upper ranks in society, who are decidedly much more prone to these maladies than the lower, the necessity of using less of nutritious diet and more of active exercise—the surest mode of preserving the digestive organs in a healthy state; derangement of which, that original and highly-gifted surgeon, John Abernethy, considered to be the remote cause of these as well as most other diseases: but those we have been considering constitute, above all others, the most severe punishments for neglect of the organic laws. No doubt many people come into the world predisposed to them, and I have more than once alluded to the pallid countenance which indicates such a predisposition. I have attended numerous individuals of the same family thus predisposed, and who seem to have inherited them from their ancestors. Such ought, above all others, particularly from the 40th to the 50th years of their age, attend to the preservation of their general health as the surest mode of preventing the accession of those dreadful inflictions. The persons thus predisposed, seem to be deficient in that principle to which the red colour of the blood is chiefly attributed. Fourcroy and Vauquelin long since stated that this principle is iron combined with other component parts of the blood in some unknown way; but they asserted it to be in such quantities that they even expected to see nails and other implements forged with that procured from blood. Other chemists have since denied the very existence of iron in the blood. In consequence of this contrariety as to a matter of fact amongst chemists, I requested my friend, Mr. Donovan, two years since, to supply me with the opinions of the most leading authorities amongst them as to this point, and he was kind enough to send me the letter which I shall now read to you:—

11, Clare-street, Dec. 13, 1838.

"My Dear Sir,—On referring to the latest authorities, which you wished me to do, with regard to the question of the existence of iron in the blood, it appears to me that few facts stand better supported. That iron is a constituent is proved by the researches of Berzelius, Lecanu, Fourcroy, Vauquelin, Engelhart, Prevost, Dumas, and Brande. Fourcroy and Vauquelin went too far in saying that iron, in the state of sub-oxyphosphate, when dissolved in serum, produces red colouring matter. The best supported and latest opinion seems to be that the colouring matter consists of oxide of iron, or more probably sub-phosphate, in combination with some unknown animal matter, the latter being the chief cause of the colour. It appears to me that your original notion of the good effects to be derived from the solubility of sub-oxyphosphate of iron in the serum is not contradicted, nor in any way affected, by subsequent investigation. The only objection that can be made arises out of the experiments of Berzelius; but as this chemist obtained phosphate of iron from the ashes of colouring matter of blood, and as Lecanu found it in blood and serum, the solubility of the salt in blood is proved, although in our laboratories the process may be attended with difficulty. Yours most faithfully, M. Donovan."

A different view of the cause of the colour of blood has been given by Dr. Steevens, which, if the experiments on which it is founded be correct, seems well supported.

His chief positions are, that the colouring matter of blood, or *hematosine*, is not naturally *red* but *black*. Neutral salts possess the property of reddening the colouring matter; and as these salts are always present in blood, its colour is red. But its redness is of two kinds, florid red as in the arteries, and dark red as in the veins. Carbonic acid, hydrogen, and azote, have the power of rendering florid red blood dark; and they would render it black but for the reddening power of the salts present: thus, from the intermixture of the two colours, red and black, a dark red, namely, the hue of venous blood, is produced, and is attributable to the presence of carbonic acid acquired by the blood during respiration. If blood of this dark shade be submitted to the action of oxygen gas, or atmospheric air, as in respiration, the oxygen expels the carbonic acid—*i. e.* the cause of blackness, and taking its place in the blood permits the reddening property of the salts to act once more, and the blood becomes florid. If the salts, supposed to be the cause of redness, have been previously washed away from the specimen of blood submitted to the action of oxygen, then the change to florid red does not take place, notwithstanding the absorption of oxygen; but that hue is instantly restored on the addition of a very small quantity of neutral salts; and even if the blood, owing to putrefaction, is no longer sensible to the reddening influence of oxygen, it is brightened by an addition of any neutral salt.

M. Denis states that the direct action of hematosine is, when brown or dark coloured, to depress all vital action, injure the organization, and even occasion death; but, on the contrary, when circulated with its scarlet tint, it vivifies the entire frame, and stimulates all the organs. Another use seems to me to be the protection of the system from the production of parasites, since the salts of iron act as a poison upon animals devoid of red blood, which includes the entozoa; for this reason, perhaps, the livers of all the mammalia are found to be more infested with those parasites, such as worms, flukes, hydatids, and medullary funguses, than any other of the solid viscera, for the black blood of the vena portæ contains only hematosine in, what appears to be, its negative or inert state.

At the last sitting of the Academy of Sciences of Paris (on the 17th of February) M. Milne Edwards read an interesting memoir on some pyrosomatic animals, found by him in the Bay of Villefranche, near Nice. He had been able to observe all the phenomena of their circulation and respiration. All the vibratory hairs of their bronchia move and whirl about with extreme rapidity, but with perfect harmony. The heart is placed at the lower part of the body, by the side of, and below, the visceral mass, and performs its contractions in a peristaltic manner. The order of circulation, too, changes from time to time in animals of this class; those vessels which, at one period, served as arteries, performing at another the functions of veins. This abnormal mode of circulation was considered by M. Edwards as having been found in all the grand natural divisions of Lamarck's class *tunicata*.

TO CORRESPONDENTS.

EVANS AND APOPLEXY.—*We willingly make room for the following sonnet. Let the cruelties of the Factory-prisons be forgotten; let the horrors of the Inquisition hide their heads—the British Parliament has condemned a British Sheriff to dine at Bellamy's!!!*

THE CAPTIVE SHERIFF.

What though, for bold defiance of the state,
Poor Evans still imprison'd is, yet he,
Within the lock-up house, bears heart as free
As his released friend—aye, as elate!
Members of Parliament! think ye he weeps?
Or the lone hours are pass'd in dread of thee,
Till he the money pays and you unturn the key?
Ah, no! daily from friends he sweet condolence draws,
Nightly his dreams to civic halls take flight,
Where oft he feasted, and again will feast
Despite th' attempts to spoil his appetite,
Whose fame in history will shine most bright.
Oh! great M.P.'s! when future times shall come,
This martyr'd man's who nobly waits his doom.

RECEIVED FOR REVIEW—*not a volume on Divinity—not a German folio on the Pyramids—not a Cyclopædia by Mr. Hilles—but some*—potted Salmon!!! *We cannot say what critics will next be called upon to speak about, but this we may affirm, that salmon when* sent to pot *is far from being sent awry, and whether Mr. Hodgson understands much about the gastric organ or not, he is certainly a capital hand at creating an appetite.*

A SUPPORTER OF THE MEDICAL TIMES.—*The disgraceful hand-bill put forth by an obscure individual in Charles-street, Hampstead-road, shall be attended to—meanwhile furnish us, if possible, with some more facts.*

We thank Mr. Thomson for his note, detailing the triumphs of Saturday—he will find his achievements duly chronicled in our Hospital Reports.

The foolish braggadocia of the biped Young is too transparent to attract anything but derision.

Z.—*Received with thanks.*

F. B.—*The ridiculous cases which have from time to time found their way into the Lancet, would make a very amusing volume of absurdities, if gathered together. We trust our correspondent will favour us frequently.*

ARMY SURGEONS *are too apt to regard a knowledge of the Obstetric Art as beneath their dignity—a great mistake, as a surgeon cannot know too much. The alleged conduct of the surgeon at the Tower, in the case of uterine hæmorrhage, if true, can hardly be sufficiently deprecated; but we are always slow to believe such allegations without sufficient proof.*

SIR B. BRODIE'S *Clinical Lecture next week.*

MR. LISTON *was hissed by the students a short time since. He is living in hope of a seat in the Council of the College, and already begins to boast of his anticipated honours.*

MR. FERGUSSON, *as we announced three weeks ago, has been elected Surgeon of King's College Hospital. He has the reputation of being a poor lecturer, although a good operating surgeon. As curiosity is crying "who is this Mr. Fergusson? we will sketch his portrait.*

K. M. *should subscribe for our Stamped Edition. Part 5, containing five numbers, is now ready.*

AN ENEMY TO HUMBUG *will always be received with satisfaction. The Anti-Reform Medical Club must be greatly proud of their illustrious operator. The hint shall be attended to, but the ridiculous story has already been the round of all the papers in England, and is too stale for further publication.*

OLIFF'S *declared intention to*

Skin the bark
Off little Clark,

is almost too strong. He is not the only one who saw, in the Lancet of last week, the deep and melancholy internal evidence of the decaying state of that Journal—the poverty of its contents, the best of which are scraps from old journals, strikingly displays its asphyxiated condition; and so great seems to be its distress for matter, that the Editor was obliged to republish, verbatim et literatim, *the Report of the Westminster Medical Society, which was inserted in the previous week's number (Feb. 22nd,)* of the same print! TROGA FUIT!

Several Reviews are postponed from want of space.

MR. SNOW'S *letter shall have every attention.*

STAMPED EDITION
OF THE
MEDICAL TIMES.

We have much pleasure in announcing to our supporters that our STAMPED EDITION is now ready. The Stamped Copies will be charged the price of the Stamp extra, and thus for Fourpence the Journal may be sent to any part of the Kingdom, the Colonies, and France, POST FREE. The ordinary edition will continue as before, price THREEPENCE.

The Stamped Copies may be ordered of any Bookseller or Newsman, or may be obtained direct from the Office, by forwarding the Subscription in advance:—

	s.	d.
FOR A YEAR	17	4
HALF-YEAR	8	8
QUARTER	4	4

A Half Sovereign (which may be sent for a single postage) will pay Thirty Weeks' Subscription, or any Gentleman wishing to be supplied, may deposit in the nearest post-office the amount of Subscription for what period he thinks proper, and ask of the Postmaster an order on the London Post-Office in favour of the Proprietors of the 'Medical Times.' This order will cost sixpence, which may be deducted from all Subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, at which the Subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it "Medical Times, 10, Wellington Street North, Strand, London," and return it into the hands of the Postmaster. The order will be complied with by return of post.

THE MEDICAL TIMES contains all the Medical News—Valuable Lectures now in course of delivery (including those of Lawrence, Bransby Cooper, Guthrie, Brodie, Howship, Velpeau, &c.)—Original Scientific Papers—Hospital Reports—Medical Portraits of the most celebrated living Professional Characters—Scenes and Stories of Hospital Management—Critiques on the Coroner—Caustic Commentaries on passing events—Reviews of New Works—All the best Papers from the German, French, and Italian Journals—Provincial Intelligence—Scientific Societies—Notes, Notices, Promotions and Appointments, &c. &c.

Orders, Communications, and Books for Review, to be sent, post free, to the OFFICE, Wellington-street North, Strand, London.

TO ADVERTISERS.

The Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. THE PERMANENCY DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium, at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

THE MEDICAL TIMES.

HOW STANDS THE QUESTION OF MEDICAL REFORM?

EVERY day it becomes more and more requisite that Medical Reformers should understand their true position, and, sinking all minor differences, join with one heart, one soul, and one strength, to obtain that justice which the interests of humanity, and the welfare of a highly honourable profession, alike demand from the Legislature. The first thing to be done is to have a full and clear understanding of the real state of affairs at the present crisis—for a crisis it most assuredly is, upon the favourable turn of which the hopes of Medical Reformers will be realized or wrecked.

The case stands simply thus. Nearly seven years ago the crying evils under which the Medical Profession laboured, induced the appointment of a Committee of the House of Commons to inquire into the Medical abuses. Of this Committee Mr. Warburton was chairman, and before it were examined a great number of the more prominent physicians and surgeons of the day—the great majority of whom were connected with the government of the established corporations, and consequently interested in perpetuating the existing state of things. But notwithstanding the partizan character of the witnesses, notwithstanding the one-sided complexion of the testimony, the flagrant abuses, the infamous monopolies—were exposed in their native enormity. The champions of the Colleges of Physicians and Surgeons, the supporters of Rhubarb Hall—became the unwilling witnesses to the worse than useless state of their e arl'ng corporations. The monopolists were condemned out of their own mouths—and those who came before the Committee with full-blown importance to uphold their powers and privileges, saw that their own advocacy was just sufficient to swamp their own cause. This crushing evidence was ordered to be printed, and nearly all of it,—contained in *two* large volumes,—was accordingly completed. This was about the time that the Houses of Parliament were unfortunately burned down, and many of our readers will recollect that although the room in which were the papers belonging to the Medical Committee did not escape the flames, yet, owing to the praiseworthy exertions of some gentlemen who volunteered their services on that occasion, the only portion of evidence which was destroyed, and which, consequently, has not seen the light, was that afforded by some lecturers at a private School of Medicine. Although this lost evidence was valuable, yet more than enough was saved to prove the wrongs complained of, and to point out their proper remedy.

With this evidence at command the line of conduct which the self-elected champions of Medical Reform, WARBURTON, WAKLEY, and Co., should have pursued, was plain and obvious. A report founded upon that evidence should have been called for, and a bill founded upon the report introduced into the House. An opportunity would, by these means, have been afforded for giving the subject a tangible shape, and if one session had not completed the removal of the admitted abuses, another might have finished and perfected what had previously been begun. Such a line of conduct, too, would have proved that these "men of promise" were not mere mouthing candidates for public praise and professional support—that Mr. Wakley advocated the cause of Reform for the sake of carrying it, rather than to attract notice to himself and notoriety to his Journal. It would have evidenced his willingness to be an honest and consistent champion,—and shown a sincere desire to make some return for the many flattering favours and substantial benefits which the Medical Profession, and they alone, have heaped so profusely upon him.—But this was not done; this line of conduct has not been pursued, and we may inquire the course that has been preferred and adopted.

A session was allowed to pass—with promises. Another went by, unmarked by anything but a repetition of the broken pledges of the previous year. A third parliamentary campaign commenced, and again the worn-out hash, of profession and cajolery, was dished up to the disappointed supporters of the medical patriot; and thus session by session, year by year, things have stood, until the lapse of near seven years has demonstrated too sadly the folly of again placing reliance upon a reed which has so often been broken, upon promises so often falsified, upon faith again and again shamefully deceived.

But the juggle, though despised by all else, is still fondly clung too by those whom it has so often served; and accordingly we have the clique, by their mouthpiece Mr. WARBURTON, promising to "move *after Easter* for the ap-

pointment of a Committee of Inquiry into Medical Abuses." This is too bad. This truly out-Herods Herod; and after it we should not be surprised to hear the same honourable member moving for a Committee to determine whether the sun gives out light or darkness, or whether fire was hot or cold. The abuses are admitted on all hands. Evidence has been printed, which displays them; and the excuse for delay is equally flimsy and contemptible. But unless the reformers bestir themselves, it will succeed; unless petitions are poured in to ask—not for more evidence, but for a report upon that already before the House—another year will be lost. For "after Easter," we should read "after Christmas;" and the friends of Reform must be assured that unless a report is at once obtained, and a Medical Reform Bill introduced, by Mr. French, or some other independent member,—that another seven years may elapse before the evils are redressed—another race of educated practitioners be starved out of the field by empiricism and imposture—and still another crowd be added to the myriads of victims already immolated upon the blood-dyed shrine of rampant and unblushing Quackery.

ENGLISH CONCOURS.

On Friday, February 28, a House Surgeon for University College Hospital was elected by public concours. The candidates were Mr. Raine, Mr. Orton, and Mr. Raper—the latter of whom gained the appointment. Various operations were performed on the dead subject with considerable skill by all the candidates. They had previously given in answers to a written examination paper. The system of examination at this College differs somewhat from the French concours, and is more open to favouritism; and it was said before the examination took place, that Mr. Raper was sure of the election, as Quain was in his favour, but he certainly showed himself superior to his competitors. Altogether, it is a great improvement upon the system pursued at other hospitals.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 22nd February, 1840:—

Epidemic, endemic, and contagious diseases	129
Diseases of the brain, nerves, and senses	142
Diseases of the lungs, and other organs of respiration	276
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	63
Diseases of the kidneys, &c	2
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c	1
Diseases of uncertain seat	119
Old age, or natural decay	65
Violent deaths	24
Causes not specified	3
Deaths from all causes	855

Sanatorium.—Another meeting in favour of this proposed middle class hospital was held yesterday. We may find room for some account of the proceedings in our next.

CONFESSIONS OF JASPER SUDDLE, DISSECTING-ROOM PORTER.

THE HARMONIC MEETING (CONTINUED).

As the song of "The Medical Student" concluded a fresh outbreak of applause, and destruction of tobacco-pipes arose, and Mr. Huggles added to the clamour, by sucking air through a short empty pipe, after the manner of the late lamented Mr. John Reeve, of glorious memory, when he so pleasantly assumed the character of *Moll White*, in the burletta of "Sir Roger de Coverley." Two or three songs now followed of that class that everybody hears at every harmonic society every night. They sung, "'Twas the Day of the Feast," and "Oh! Pilot," with "The Brave Old Oak," and "The White Squall," and then a gentleman from the Borough volunteered an extempore song with a long *tol de rol* chorus, during the performance of which, à la Sloman, he was inventing his next verse. It was to the tune of "There's nae luck about the house," and ran somewhat in this style—a verse taken at random as a specimen of this class of minstrelsy:—

The gent. who now sits opposite,
His supper he doth eat;
And, from his looks, I should divine
It was to him a treat.

Chorus.—Tol de rol de rol de riddle lol,
Tol lol de rol de ray,
Tol lol de rol dol iddle lol,
Tol dol the rol the ray.

And as he seems inclined to smoke,
Cigar he now doth handle;
And as he wishes it to light
He holds it to the candle.

Chorus.—Tol de rol, &c. &c."

"Tol de rol de rol," shouted Mr. Okes, when everybody else had finished. "Order! order!" said the chairman, knocking nothing with a wooden mallet into the table.

"I beg your pardon," said Mr. Okes. "Let the gentleman begin, then," and then he hiccupped and tried to light an empty pipe—a sign how *he* was going on. The amateur Sloman resumed—

There is a gent. now standing up—
You all may see him there;
He hangeth up his Macintosh
On *the* back of his chair. (*acc. on* "the.")

Chorus.—Tol de rol, &c. &c."

"Do you mean to insult me, sir?" said the "gent." alluded to, advancing towards the improvisator. He was a Bartholomew's man, who had been drinking hot beer and sugar all the afternoon at a friend's lodging in "the Close," which they called getting up the cœliac axis together, and now came with a very red face and distempered imagination to the Harmonic Society. "Do you mean to insult me, sir?" he repeated, "because, I'll let you know I'm not to be insulted, sir, by you or any one else, sir; and I shall hang my Macintosh where I like, and be d——d to you."*

"Oh! hang this quarrelling," said Swubs, "it knocks up all harmony. Here goes for another song, not written by Mr. Ainsworth, although it is to the tune of "The Newgate Stone."

"Hurrah for Jack Sheppard!" cried Okes, kicking off one of his boots, which we have said was very tight, and throwing it at the waiter's head, who entered the room at that instant with a five shilling bowl of punch that ten University men had subscribed sixpence apiece to buy.

"What an ass you're making of yourself Okes," said Huggles, "it had served you right if you had smashed the bowl and had to pay for it."

Mr. Okes's only reply was a look of ineffable contempt at the last speaker, and then he compressed the ala of his nose between the thumb and fore-finger of his left-hand, and inserted the right index-finger in the foramen thus formed, from behind forwards, at the same time slightly putting its flexor tendons into action.

"Pray, silence, gentlemen, if you please," said the chair, "attention, pray, for Mr. Swubs' song."

Mr. Swubs hemmed twice, took a short pull at the pewter, and commenced:—

THE VESICAL STONE.

When Cheselden first into practice was thrown,
With his fal de ral, &c.
His pupil he taught how to cut for the stone,
With his fal de ral, &c.
Quoth he, "From the rectum, try always, my man,
To remove the urethra as far as you can,
With your gorget so fine, tra la.'
Old Cheselden died, and the next who came,
With his fal de ral, &c.
By the self-same practice got up his name,
With his fal de ral, &c.
"Ah! ah!" quoth the German,* with talented glee,
"Dilating be damn'd, but the knife for me,
With my gorget so fine, tra la."
Full hundreds of surgeons, skilful and bold,
With their fal de ral, &c.
Differed each one from their ancestors old,
With their fal de ral, &c.
All cut for the stone, and equally all
Agreed in one thing—made the poor devil bawl,
With their gorgets so fine, tra la.

At the conclusion of this air, the landlord (who, to avoid disturbance, had been waiting behind the door like old Wood behind the planks in "the name on the beam"), came in with some baked potatoes for the hungry portion of the visitors, and then departed, but not before Macarthy had pulled his cap off, and thrown that signal of a licensed "wittler" at the gas jet on the landing, which he succeeded in extinguishing.

"So much for that," said Swubs, "and now I call upon Mr. Macarthy for a song."

"Well," said Mac, "since you're in the Jack Sheppard line, here goes another."

Mr. Macarthy's Song.

THE COURT PHYSICIAN.

'Neath a star of good fortune I was born,
Whilst talent pined in want forlorn—
Fake away.
The greater part of my practice lay
'Midst lords, and ladies, and nobles gay—
Nix, my jolly girls, fake away.
The baroness soon did smooth my way,
And put me up to the time of day—
Fake away.
No man for *ballottement* had "forks" so fly,
Not Denman was half so clever as I—
Nix, my jolly girls, fake away.
But some bedchamber ladies one fine day
To the world did my ignorance betray—
Fake away.
And thus was I bowl'd out at last,
And into supreme contempt was cast—
Nix, my jolly girls, fake away.

"Gentlemen," said the chairman, rising, as the applause subsided, "I beg you will look at your watches, at least if you have not already lent them to Uncle Crouch. I believe it is

* Klein.

eleven o'clock, and the time has arrived to appoint a new Secretary for our future meetings. I must, therefore, request order, and an impartial hearing for the different gentlemen who speak."

There was a moment of dead silence—the University men regarded those from the Middlesex with a distrustful air—the gentlemen from Berners-street were puffing furiously at their pipes with apparent unconcern, and Huggles was demonstrating how three clays might be put together, and made to support a pot of half-and-half. A gentleman from the "Varsity," with a brown coat, brass buttons, and long black hair in ringlets, rose to speak.

"Order, if you please," said Chair, "for Mr. Swallow. "Twig his wig," whispered Swubs, in an audible tone to Macarthy.

Mr. Swallow laid hold of his glass of gin and water in his right-hand, confining the handle of the spoon between his first and second fingers, and raising his pipe in his left paw, to assist the force of his elocution, thus commenced—

"Gentlemen—"

"Don't call names," from a Windmill-street man, who wished to come out with a new joke.

"Order!" very sharp from the chair, and one knock on the table.

"Gentlemen," continued Mr. Swallow, "I rise to propose Mr. Dollup, of the London University, to succeed as secretary to Mr. Rodsworth, now about to retire."—["Off, off"—"We won't have him"—"Lur-li-e-ty"—"Fake away," &c.] Gentlemen, I will not say there is a necessity for our choosing a pupil from our own school to fill that situation—I will not say that a party have come here to-night, on purpose to interrupt our harmony—I will not point them out as all sitting together under the picture at the end of the room—but I will say that it is necessary we should support our own party.—[Cheers from the Gower-street men, and such vehement banging of the table with pewter pots, that Mr. Pattison appeared, to request the gentlemen would remain quiet; and two tumblers danced off upon the ground.]

"Compound fracture," said the Windmill-street man, trying to let another joke—nobody laughed, and Mr. Swallow continued. "Gentlemen, the privileges of our school are threatened: and the liberties of the students encroached upon as regards this harmonic meeting. Mr. Richard—[Groans, hisses, and cheers from the Middlesexes]—well then—Mr. Demonstrator Dickey—["That's him"] has said he will not allow the harmonic society to be held here—he has ordered Mr. Mullins to come and take us all into custody.—[A terrific volley of hooting.] I should like to see him do it! [Cheers, and cries of "Why don't he come?" "Where's his snuff-box!" In such times it behoves us all to unite, to bind our fibres together in one fasciculus, to act in conjunction like the—the—"

"Intercostal muscles," prompted Macarthy, which provoked a laugh from his friends, and a cry of "silence" from the other party.

"I will occupy your time no longer—["Go on"—"That's right"]—but conclude by proposing Mr. Dollup—I think I am right in your name, sir, am I not?—[Mr. Dollup blushed and bowed]—as your secretary. [Immense uproar, and eccentric dancing of candlesticks and rummers, from the applause of the "Varsities."

Mr. Franks rose to support Mr. Swallow, and was received with the same mixture of sounds from either party. "Gentlemen and fellow-students," said he, "It was not my intention to have alluded to affairs at our school, but since Mr. Swallow has touched upon them in proposing Mr. Dollup, I beg leave to say a few words on the same subject. ["Cut it short"—"Bravo"—"Fire away, old Scaphoides."] I need not say I have been irritated at the intelligence of the proposed tyranny at our establishment, as I, for one, have always showed, or endeavoured to show, respect to our teachers.—[A cry of "Who took the laughing gas, and threw the bag on purpose at Anthony Todd's head?" from Mr. Swubs.] Gentlemen, I, in common with others, have taken the protoxide of nitrogen, and I can safely say I was not more conscious than the rest of my own actions. ["Humbug, everybody always knows what they're about well enough."] Gentlemen, we will not have our harmonic meeting put down. Why fix upon us—why not suppress Mr. Lawson's dancing academy, which is much nearer the hospital?—[Cheers, and another query, "Who threw the os calcis at the gentleman who was changing his pumps in the passage, after Cooper's lecture?"] I do not know.—[Cheers again, and cries of "Oh no—I should raythor think not."] Gentlemen, this is not the question—the question is of our rights and liberties. We must unite and keep together—we must act like that triangle of tobacco pipes, and support ourselves—we must choose a man from amongst our own party. I beg leave to second Mr. Swallow's proposition.—[Cheers and hisses, and the Windmill-street man attempted to let another pun about "thirding it," which no one heard.]

There was now another moment of silence—it was broken by the Chairman requesting a hearing for Mr. Potts, of the Middlesex, who rose amidst renewed clamour. "Gentlemen," he commenced, "I rise to propose Mr. Muffle, of our medical school, as secretary to the Haywarden Castle Harmonic Society.—["No, no"—"Go back again"—"It's no go."] I rise to propose him, I repeat, from a conviction that he stands on more independent principles, in common with all my brother-students, than Mr. Jalap—I beg his pardon—Mr. Dollup, I ought to have said. [Cheers from the Goodge-street party.] Gentlemen, we are not ruled by *our* instructors—we look on them as our friends.—[Oh! yes!] We do not bow to our beadles—["You have'nt got any."] We have not, Gentlemen, I am *proud* to say we have not.—["Who's Cole?"] Cole, sir, is the porter of the hospital. Our professors do not order us to respect them, we do it of our own accord.—["Who tried to put the gas out at Mayo's lecture, and broke Macreight's retort?"] Gentlemen, it is a falsehood that such a circumstance ever occurred—it never did. ["Knock that down for a good 'un."] We do not turn our amputated patients out to walk in front of the hospital on fine days, as an advertisement of the skill of our surgeons.—["Ho! ho! ho!"] None of our men get up prayer parties at milk-shops in Gower-place.—["That's another"—"What have you done with your kidney and Bible apothecary?"]—Gentlemen, I will conclude by proposing Mr. Muffle.—[Huzzas and hisses.]

Mr. Dolby rose to second Mr. Muffle, and was some minutes before he could gain a hearing. When the noisy party were somewhat silenced, he began—"Gentlemen, I beg leave to support my friend's proposition. The evening is wearing away, the night is advancing." "We'll drown him in a bo-o-o-o-owl," sang Mr. Okes, who was now very drunk, and labouring under a delusion that he was entertaining a large party with a convivial song, which he chaunted in the most lugubrious style possible, and which Macarthy stopped by putting his hand before his mouth.

"Gentlemen," continued Mr. Dolby, "the ballot is about to begin. Be careful to put your marbles on the proper side. Rush to the box, and defeat the unprincipled combination.—[The usual concluding uproar.] Much excitement here prevailed; the box went round, and the ears of the different parties endeavoured to detect the issue from the noise occasioned by the marble dropping into the "reject" or "admit" side, while their eyes rapidly wandered over the number assembled, in hopes of counting the heads favourable or adverse to their hopes. The whole had voted, and the chairman proceeded to count them. The election had fallen upon the man from the Middlesex.

There have been many rows with medical students in the course of my career; there have been noises in the lecture-room, and terrific shindies at the doors of the operating theatre of a rival hospital. They have sung and hallooed loudly in the streets by night, and they have fought with gloves and single-sticks in the dissecting-room by day, but never arose such an unearthly tamult as upon the present momentous occasion. At a prior part of the evening they would perhaps have been more quiet; but now, that they were excited with beer and punch, now that the "heavy" consumed had infused new powers of elocution into their heads and tongues, each man thought himself a second Demosthenes, and simultaneously jumping on their wooden chairs, all endeavoured to address the meeting at once. In vain the host came up to implore less tumult; he was directly saluted with Mr. Okes's unfortunate boot, now filled with potatoe-rinds, beer, water, and crusts of bread, by the extreme diligence of the tipsy man in the blue "tosh" from Bartholomew's. In vain did Mrs. Pattison follow in her husband's wake; the very presence of the fair sex but incited them to fresh displays of pugilism and eloquence. In two minutes every corner of the room had its combatants. The "Varsities" fought like tigers, nor were the Berners-street lads behind them in courage, whilst Swubs, Huggles, and Macarthy, who in reality belonged to neither school, skrimmaged away without any distinction at all parties, and at last got up a private fight of their own on the ground under the table. The only neutral person in the room was Okes, and he was sitting on the floor, with his back against the wall, behind the chairman's platform, singing, in the most melodious and apoplectic accents, the "Rose of Annandale," in the firm belief that an immense company were hanging with breathless ecstasy on his performance. This was his second delusion of the same kind.

By the summary plan of turning all the gas off, the room was at last closed. Many wild sounds arose that night in Gower-place, and much were the inhabitants of Upper Gower-street, Grafton-street, University-street, and Alfred-place, startled in their dreams by loud uproar and boisterous dialogue in the thoroughfare below. The night-nurses ran to the windows of the hospital, as they heard the din, and saw strange forms practising gymnastics on the carriage bar which runs across the road in front of that building. Four separate times did the porter answer the bell to orders for half-and-half and stout from those who mistook the edifice for the University Tavern; and several water-proof caps were found by the beadle of the College itself the next morning inside the rails, and belonging to those gentlemen who had jirked them at the clock over his lodge.

Mr. Okes, conducted by Macarthy and Huggles, was carried towards his lodgings in Seymour-street, after insisting on working for twenty minutes at the pump in Euston-square and concluding his labour, by pitching over

the handle, head first, upon the pavement. Mr. Swubs walked down to the Cole-hole, and finding everybody leaving and no more kidneys left, walked back again, and not exactly comprehending the way, got somewhere into the Regent's Park, where he strolled about until morning, when he partook of breakfast with a sweep, two scavengers, and a cabman, at a coffee-stall near Upper Gloucester-place.

The Harmonic Society itself, thus turned to bloodshed and division, never rose again. Attempts were made to revive its former glories at the "O. P. and P. S." in Charlotte-street, Fitzroy-square, and for a season it succeeded in glorious style, the whole of the prizes and certificates of honour being gained that session by its members. But as the jolly cocks left the school the meeting declined. The new men were all spiritless and talentless grubbers, without souls for harmony, and no ideas above an injected placenta or the dimensions of the pelvis, and the social glee and song has passed away as a legend of other days.

ROCKET.

MORTALITY IN THE MEDITERRANEAN.—Major Tulloch, whose statistical researches have attracted so much attention, has concluded his "Report" in a recent number of the 'United Service Journal.' We have no space to enter into all the numerical data he has set before us, and must therefore confine ourselves to a statement in round numbers. The rate of mortality among the civil population of the Ionian Islands, Corfu, Cephalonia, Ithaca, Zante, &c., is 1 in 39, being much the same as in Malta. The ratio among the troops is 25 2-10ths per 1,000 annually by disease; and about 3 per 1,000 by violent and sudden deaths: 1,901 cases of sickness occur among every 1,000 troops in the course of the year. The diseases by which this sickness and mortality are occasioned, are stated in the report. The principal peculiarity is the general prevalence of fevers of the remittent and intermittent type, which make their appearance with great uniformity during the month of June. The virulence of inflammatory affections of the lungs, in this mild climate, is another remarkable circumstance, these disorders being twice as fatal in the Ionian Isles as in the United Kingdom. The author concludes thus:—"These facts lead to the influence that a residence in the Mediterranean, though so often recommended to patients labouring under pulmonary affections, is by no means likely to be attended with benefical results. In some cases, no doubt, change of air, change of scene, and a sea voyage, may have benefited a patient; but the same would in all probability have taken place wherever he had been sent, it being not at all likely that any beneficial influence can be exerted by the climate itself, when a body of soldiers, subject to no severe duty, and exposed to no hardships, lose annually a larger proportion of their number by consumption than in the United Kingdom. This inference, however adverse to generally received opinions, is strikingly corroborated by the prevalence of consumption amongst the civil inhabitants of Malta.

A meeting was held at the London Tavern on Wednesday the 26th ult. for the purpose of forming an infirmary for the treatment of Club-Foot; to be, we believe, under the management of Dr. Little. (Are there enough club-feet to require a distinct hospital?)

DR. MACARTNEY.—We are happy to be able to announce that this distinguished gentleman has been elected an honorary member of the Société Française de Statistique Universelle. —*Dub. Med. Press.*

ANATOMY OF THE BREAST,
BY SIR ASTLEY COOPER.

[Extracted from his New Work, just published.]

THE breasts are slung upon the chest, supported by the fibrous tissue, and they are projected at the nipple *forwards* and *outwards*. I have, in my work on the testis, pointed out the errors of those who paint or chisel from imagination, and not from observation of nature, in placing those bodies of equal height, although the left is much lower than the other; and the same remark may apply to the breasts; modellers, sculptors, and painters, sometimes represent the nipples as being pointed forwards, and place them as their imagination leads them to conceive them to be, and not as they really are. It is modern artists who fall into this error, for the ancients modelled from the living subject, and gave accurate representations of nature. This natural obliquity of the mamilla, or nipple, forwards and outwards, with a slight turn of the nipple upwards, is one of the most beautiful provisions in nature, both for the mother and the child. To the mother, because the child rests upon her arm and lap in the most convenient position for sucking, for if the nipple and breast had projected directly forwards, the child must have been supported before her by the mother's hands in a most inconvenient and fatiguing position, instead of its reclining upon her side and arm. But it is wisely provided by nature, that when the child reposes upon its mother's arm, it has its mouth directly applied to the nipple, which is turned outwards to receive it; whilst the lower part of the breast forms a cushion upon which the cheek of the infant tranquilly reposes. Thus it is we have always to admire the simplicity, the beauty, and the utility, of those deviations of form in the construction of the body which the imagination of man would lead him, à priori, to believe most symmetrical, natural, and convenient. It is proper, however, to observe that frequent lactation, by relaxing the breast, changes the position of the nipple from without, inwards, as the axillary part of the breast descends; but still the child is able to suck in its usual position, because the relaxation of the bosom permits the breast still to be drawn outwards. It was the opinion of Buffon, that, in the natural position of the breasts, they formed an equilateral triangle with the upper part of the sternum; but this does not appear to be correct. He says, "Au reste pour que les mamelles des femmes soient bien placées, il faut qu'il y ait autant d'espace de l'un des mamelons à l'autre qu'il y en à depuis le mamelon jusqu'au milieu de la fossette des clavicules, en sorte que ces trois points fassent un triangle équilatéral." (*Histoire Naturelle.*) The measurement of the Venus de Medicis is, from one nipple to the other, 7¼ inches; from the pit between the clavicles to each nipple is 6¼ inches; so that the base of the triangle is longer than its sides, and the nipples are more distant from each other than from the neck. The margins of the breast do not form a regular disk, but the secreting structure often projects into the surrounding fibrous and adipose tissue, so as to produce radii from the nipple of very unequal lengths, and a circular sweep of the knife cuts off many of its projections, spoils the breast for dissection, and, in surgical operations, leaves much of the disease unremoved. The breasts are generally two in number; and this number is not given, as has been supposed, to support twins, but as a provision against disease or accident, by which one of them might be rendered useless, or be entirely destroyed. One breast is fully equal to the nourishment of the child of a healthy woman, as is often proved by inflammatory attacks destroying the secretory power of one breast, yet the mother is still able to nourish the child with the other. Twins are rare, but the existence of two breasts is almost universal: I say almost, because exceptions do occasionally occur, of several being found; and not only in the pectoral and axillary region, but some authors relate that in other parts of the body they have been occasionally seen. The breasts vary greatly in thickness at different parts. The axillary margin is very dense and compact, and the same may be observed of the abdominal margin, but the sternal and clavicular portions are much thinner than the others, and, consequently, project less. In this way the lower part of the breast forms the cushion, upon which the cheek of the child reposes as it sucks its mother's bosom; and as to the causes by which this greater thickness and projection are produced, I shall particularly point them out in speaking of the gland, but I may here observe, that upon this structure depends the projection of the nipple, the ready access which the child has to it, and thus two important objects are accomplished. The sensation imparted to the hand in feeling the breast, at different periods of life, very considerably varies. At the age of puberty, and for many years afterwards, the breast is dense, compact, smooth, and equal; but so soon as they become employed in lactation, they begin to separate into small bodies with indentations around them, and this arises from the stretch and relaxation of the uniting cellular and fibrous membrane. Even in single or childless women, the breasts, towards the cessation of the sexual secretion, become often exceedingly lobulated. In age the lobulated feeling ceases from the absorption of the glandular structure. The return of the menstrual secretion also makes a great difference in the feel of the breasts, as they become full, tense, and painful, and an ecchymosis sometimes appears. It is of importance to know these changes, as they lead to a clearer diagnosis in disease. Pressure or injury on the breast produces a sensation of nausea, and if carried far it excites vomiting, which almost constantly occurs in important operations upon the breast, especially if food has been taken but a short time before.

NIPPLE OR MAMELLA.

The Cuticle. This texture covers the nipple, and projects between its folds and into its depressions. It sends processes into the lactiferous tubes which processes may be drawn out after continued maceration. It forms folds and a net-work upon its inner surface of very irregular and unequal meshes. It adheres to the cutis, by passing between its projections and by entering into its pores; and as its processes into the lactiferous tubes are the largest, it adheres more firmly at the apex of the nipple than elsewhere on the breast. In lactating women, so soon as the cuticle is removed, the orifices of the lactiferous tubes become very apparent. In women of light complexions, and more especially those with red hair, the cuticle is extremely thin, and is frequently subject to abrasion from the application of the child's lips in sucking; and the process of nursing is, from this cause, rendered exceedingly, and I may say, almost intolerably painful, and, therefore, astringent applications are required, or often a shield is obliged to be applied to defend the part, and to favour the re-production of the cuticle. In similar temperaments, incrustations often form on the nipples of girls, covering their clefts and points, and requiring attention to prevent ulceration, which the unguentum hydrargyri nitratis, or unguentum zinci, are most fitted to oppose. In age, an incrustation of a much firmer kind fills the cleft, and covers the point of the mamilla.

Of the Rete Mucosum of the Nipple.—Beneath the cuticle is seated the colouring matter of the skin. It adheres firmly to the posterior surface of the cuticle, and is placed upon the anterior surface of the cutis. It is not so abundant on the nipple as upon the areola, on which I shall chiefly describe it. It not only covers the surface of the nipple, but enters, with the cuticle, into its lactiferous tubes. This may be better seen in other animals than in the human female, as the ducts are small; but in the larger quadrupeds, when the skin is dark, the cuticle and rete mucosum may be seen terminating within the lactiferous tubes, at a few lines from the extremities, forming a fringed edge. The nipple, deprived of its rete mucosum and cuticle, appears white as the skin of other parts of the body. Some follicles exist in the nipple, and admit the cuticle and rete mucosum.

Of the Cutis of the Nipple.—The cutis forms a considerable portion of the nipple, and it is divided into two surfaces, when the breast is in a state of lactation. The first forms the disk or circumference of the nipple, and the second its broad, flat, truncated apex, in which the terminations of the milk tubes may be seen in numerous orifices. The disk is composed of a great number of papillæ, which produce a vascular and sentient surface, and which form its erectile and highly sensitive tissue. The direction of these papillæ is from the base towards the apex of the nipple, so that they are pushed back as the mamilla enters the mouth of the child, and thus greater excitement is produced. They lap over the truncated extremity of the nipple, forming a foliage upon its apex. They form, in their arrangement upon the nipple, broken portions of circles; but when the nipple is elongated and dried, they appear to be spiral. They form flaps, which are at their edges divided into numerous projections, with serrated depressions between them. They are directed forwards towards the apex of the nipple, and the papillæ of the child's lips passing from within outwards, meet them in sucking, are received between them, intermix with them, and produce considerable adhesions and sensation. They are very numerous and large for the size of the part, and rather spongy at their extremities. They are very vascular bodies, and I have given a figure of them injected. The minute arteries which pass from the base towards the apex of the nipple, send numerous branches to the papillæ cutis, which divide into little bushes of vessels in each papilla, and terminate in veins. The veins, also, are very numerous, and they will be seen injected, and forming bushes similar to the extremities of the arteries. The application of the child's lips, the drawing of the nipple in the motion of the child's head, and the suction produced by its mouth, produce so much excitement as to occasion erection of the nipple. This effect has been supposed to arise from the passage of the blood into an elastic, cellular structure, like the corpora cavernosa penis, but there is no such formation in the nipple. It is a state arising simply from the determination of blood into the little bushes or assemblage of capillary arteries into the nipple and papillæ. The blood is propelled forwards to the papillæ by the action of the heart and arteries, so that by this vis a tergo the capillary arteries become extremely distended, and erection is produced; it more slowly escapes through the little branches of communication with the veins, and which are distant from and less under the influence of the vis a tergo from the heart, which is the principal source of the circulation; thus a congestion of arterial blood is produced in the capillary arteries. But when the excitement subsides, the blood is no longer directed with the same impetuosity upon the papillæ, and the veins will then remove the congestion in the extreme branches of the arteries, as the vis a tergo has in a considerable degree subsided. This erection of the nipple may be produced, not only by mechanical causes, as in suckling, but also by mental excitement, as by the influence of the passions. Moral causes affect not only the nipple but the mammary gland, and thus occasion a greater determination of blood to it, and a more considerable secretion from its glandules, by the nervous communication between its different parts. Thus, then, is formed the papillous surface or disk of the nipple, and as to its apex, and what is, when the breast is in a state of lactation, its truncated surface, it is a cleft generally before the breast secretes; but during lactation the papillæ are everted, and the broad surface of the apex is exposed, and then the orifices of the lactiferous tubes appear, which terminate in a kind of cribriform net-work, between the meshes of which the milk escapes. This net-work being very little elastic, yields but slightly to the pressure of the milk, so that the orifices of the ducts continue of very diminutive size, not only in woman, but in other animals; thus it is that the escape of the milk is prevented excepting under excessive distension, and in the process of suckling. There is no transverse wrinkling of the lactiferous tube internally, as Haller states, to prevent the escape of the milk, but, as any one may at once see by cutting open the tubes near their terminations, they are wrinkled longitudinally, to allow of a greater dilatation of the tube behind the contracted orifice. On the inner side of the cutis, which forms the nipple, it is lined by a fibrous tissue, which passing from the surface of the breast to the skin, covers and encircles the lactiferous tubes. This structure forms the strong connecting medium between the nipple and the gland of the breast; it prevents great elongations and relaxation of the nipple, and it is the chief defence from those injuries and violences which might tear off the mamilla from the gland, separate the ducts, and destroy the function and utility of the organ. This circle of fascia around the ducts is derived from the general fibrous tissue of the breast and thorax. As some degree of elongation and change of place is necessary to the performance of the functions of the nipple, it also contains a cellular tissue, which is elastic, and admits of change in the form and situation of this projection. In this tissue the arteries and veins are supported, as well as the absorbents and the nerves. It is in the nipple more of the reticular than of the adipose kind, because much fat placed in the substance of the nipple itself would be attended with great inconvenience, and might, indeed, interfere with the function of the part, and defeat the object of nature. Within this reticular tissue are placed the lactiferous tubes as they proceed to their termination upon the truncated surface of the nipple, which tissue permits them to be elongated and drawn into capillary tubes at the time of sucking. Thus, then, the nipple is formed of the common integuments with numerous papillæ upon its disk, of an apex with cribriform openings for the termination of the lactiferous tubes, within the integuments, of a fibrous tissue, and more internally still, of a reticular tissue conveying the blood-vessels, absorbents, and nerves; lastly, of the lactiferous tubes as they proceed to their termination.

OF THE AREOLA.

The areola is composed of the common integuments, somewhat modified. Its *cuticle* is thin, like that of the nipple. It has a firm adhesion to the areola, because it passes between the papillæ, and into the wrinkles and folds of the cutis; and it therefore separates by putrefaction less readily than that of the surrounding skin, but more easily than that of the nipple. It is thin, that it may not interfere with the sensibility of the cutis behind it. Like the cuticle of the nipple, it becomes, in women of light complexion, very frequently abraded, from the irritation of the child's lips, and a change in the mother's own secretions, and those in the mouth of the child. The anterior surface of the cuticle of the areola takes on the forms of the parts behind it; but its posterior surface is reticulated in larger and smaller meshes, which are received between the folds of the true skin. The *rete mucosum* of the areola might have its existence doubted in infancy, on account of its want of colour; but as the age advances, the areola darkens, and the colouring matter becomes very apparent even through the cuticle. Its peculiar arrangement is readily distinguished, by raising the cuticle of the areola by maceration, spreading it in alcohol, which fixes it, and then by viewing it, by means of a slight magnifying power, a dark reticular texture may be perceived, placed upon the edges of the folds of the cuticle, and upon its inner surface; and to this deposit upon the reticulated surface of the cuticle, its own reticular appearance is probably owing. If the cuticle, with its lining of rete mucosum, be separated in water, the rete mucosum may be washed off in flakes of different sizes. If the areola be steeped in alcohol, and the cuticle be then raised, the rete mucosum will be chiefly left upon the cutis. The deposit of this substance does not appear to be reticulated, but that character it derives from the form of the inner side of the cuticle, as above mentioned; but it seems to be deposited in small flakes, the aggregation of which produces a sheet of colouring matter. The quantity of rete mucosum secreted must depend greatly upon the quantity of blood determined to the part. As soon as the influence of the uterus and ovaria is felt by the breasts, and they swell from more blood being determined to them, the rete mucosum is more largely secreted, and the colour of the areola and nipple becomes darker. When the pregnant state of the uterus enlarges the breast, by increasing the flow of blood to it, the rete mucosum increases in quantity; but still more in lactation, when the nipple and areola are greatly excited, the depth of colour is the greatest, and the best opportunity is afforded of observing the colouring matter. As the circulation declines in age, the rete mucosum diminishes in the areola. The menstrual secretion has, from the change thus produced upon the breast, some influence upon the colour of the nipple and areola. The effect of a hot climate, by determining large quantities of blood to the skin, produces also a larger quantity of rete mucosum; and the change of complexion which climate produces, depends upon the greater or less circulation in the integuments, and accounts for the lightness of complexion in the northern parts of Europe, and its darkness in those who visit the south of Europe, or the East and West Indies. The tanning which exposure to the sun in the summer of our climate occasions, is dependent upon a similar cause. With respect to the secretion of the rete mucosum, it is probably thrown out by the highly vascular surface of the cutis, not separated in the common state of the skin, but very visible under great determinations of blood to the cutis.

Mr. Hale Thomson, upon hearing some politicians in the Broad Sanctuary speaking of the Chinese rupture, inquired "what hospital the patient was in?" and began to explain that the taxis was not a surgical instrument, as he himself had once imagined, but a manual application in which the *digital phalanges* were engaged.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

LODGEMENT OF A FOREIGN BODY IN THE KNEE-JOINT.—AMPUTATION.

FEBRUARY 29th, 1840, Edward Andrews, æt. 29, had been admitted on Feb. 11th, suffering from severe pain in the knee-joint. He stated that he belonged to the Spanish Legion, and while rowing in a gun-boat, received a shot in the knee. He was admitted into the Military Hospital, but the ball was not supposed to have lodged in the joint. The external wound was healed in about seven weeks. He then caught the fever which was raging at that time, the effects of which he laboured under for about seventeen weeks. Ever since his return to England, he has used crutches. His general health is excellent—the limb seems perfectly sound, but there is a slight stiffness of the joint, and when walking, he is apt to fall down, in consequence of the sudden occurrence of severe spasm, which he calls a "catch of the joint." There was intense pain shooting from the knee to the hips, and at night was so severe as to prevent sleep. His life he declared was rendered burthensome to him by his sufferings, and believing that a ball was lodged in the joint, he earnestly entreated that the limb should be removed, which, after a consultation, was agreed to. Previous to the performance of the operation, Mr. Guthrie adverted to the *express wish* of the patient for its performance. He observed, that in general he did not use the tourniquet, but preferred having the artery compressed by the fingers of an assistant, as affording greater facility for the progress of the operation. As it was a *very difficult thing to compress the femoral artery* he begged Mr. H. Thomson to do it. The requisition of Mr. T.'s clumsy digits occasioned roars of laughter among the students, and made the individual in question look unutterable things. He was still apparently as "unprepared to compress the femoral artery" as on a former occasion, and under the plea of saving his awkward fingers, he applied ap-hazard a large dossil of lint and the handle of the tournaquet somewhere between the anterior superior spine of the ilium and the pubis, putting his corporeal bulk so much in the operator's way in the first instance, that he was requested to change his position. The operation was performed without any mishap in about forty seconds, Mr. Thomson being unable to repress an hysterical expression of delight at being able *to compress the femoral artery*. On examining the joint, a ball was found lodged in the articular surface of the outer condyle of the femur, presenting a perfectly smooth surface: there was much degeneration and thickening of the synovial membrane. Mr. Guthrie likewise operated for fistula.—Mr. Thomson was so much exhilirated by his success *in compressing the femoral artery*, that after rehearsing his performance on the limb which had just been removed, he covered himself with glory, by achieving an operation for club-foot.

Sir A. Carlisle was present, and was received, at his entrance, with general and loud plaudits.

We regret to say, the arena was crowded by persons who had no business there, much to the disadvantage of the spectators. Some allowance must of course be made for the anxiety of those who desired to obtain a close view of the celebrated Thomson, but we hope that he will exert the benign influence which his transcendent popularity has acquired him, not to allow himself to be obscured in a crowd, and so render his presence merely a partial blessing.

MEETINGS OF SOCIETIES.

MEDICO-BOTANICAL SOCIETY.

FEVER REMEDIES.—EFFECTS OF RECENT EVENTS IN CHINA ON THE DRUG MARKET.—TABLE OF ACTIVE PRINCIPLES.

FEBRUARY 26th—DR. SIGMOND in the chair.—A communication was read from Dr. Hancock, containing further observations on the treatment of the fevers of hot climates. Among other native remedies of great efficacy in British Guiana, was the Jurubalii, which, when combined with the Haimaraca, the Waik-root, and a camphoraceous bitter plant called Hairowabally, formed a *real febrifuge*; at once tonic, diaphoretic, and aperient, and not liable to produce those injurious effects which too often followed the use of Cinchona; such, for instance, as metastasis and other fatal translations to the brain. Thus combined, it acted on the various secretions of the body—the skin, the bowels, the kidneys, assisting nature in her work of depuration, and inconquering the disorder. It was applicable, indeed, to every stage and variety of fever; and in this respect it was greatly superior to Cinchona, since the latter was admissible only in those fevers attended with little danger. Dr. H. had likewise used the Jurubalii in combination with ipecachuana, camphor, opium, and occasionally senega; which remedies formed very good substitutes for the native ones, when not readily procurable. He considered this compound identical, as nearly as possible, with a secret remedy lately introduced into this country from Demerara. Their identity was established by several circumstances, not the least of which were afforded by their resemblance in appearance and sensible effects, and by the unerring test of chemical reagents.

Dr. H. had employed it without secrecy many years ago; but then, it had no charm! The author proceeded, in the sequel, to establish the principle, as regards the application of *cold* in the treatment of fevers, that *the degree in which that agent should be applied, should, in every case, be regulated by the intensity of internal heat*. It was the neglect of this principle that had brought the practice into disrepute, by causing failures, which, otherwise, might have been avoided. Dr. Kinglake had done much to revive so useful a practice; but an obstinate persistence in the *indiscriminate* use of cold-baths, wetted clothe, and so forth, could not fail at times of producing fatal consequences. Some cases in point were related.—DR. SIGMOND having inquired if the recent disturbances in China had affected the price of drugs in the London Market, MR. HUDSON replied in the affirmative, and proceeded to make some explanatory observations. He (Mr. H.) had found that the drugs from that part of the world had, since the commencement of hostilities, been gradually increasing in price; and he feared that, if things went on as they promised to do, the want of many valuable ones would ere long be severely felt. To mention only one or two examples would suffice. East India rhubarb had risen three times above the price for which it had formerly sold; while camphor, which at one period could be purchased at three shillings per pound, could not now be had under eight or nine shillings; of the latter, indeed, it was a well-known fact that at present there was not a three-months' supply in the market! The subject of quinine next occupied attention. This substance, which had hitherto formed a staple article of export from France into England, had now, in the changes and revolutions of commerce, reversed its order: instead of being indebted to our neighbours for it, we were supplying it to them! This was occasioned by the adulterations so extensively practised with it in that country; adulterations which had arrived at such a height, that no respectable druggist at the west end of the town could be induced to provide himself with any other than the quinine manufactured, *bonâ fide*, in England. As might be expected, accordingly, the demand for the bark had increased very considerably in the countries whence it is procured.—MR. JUDD suggested the utility that would arise from the construction of a table, exhibiting at one view the relative proportion of component principles in various drugs. Such a table might be easily constructed by an able analytic chemist; and the practitioner, after determining which drug he should use in a particular case, would thereby be enabled to select that variety of it which was most suitable, and likely to be productive of the greatest amount of benefit, to the patient. There were many persons with irritable and delicate intestines, superadded, perhaps, to a tendency to disease of the rectum: would it not be highly imprudent to exhibit to them, in sickness, such purgative medicines as contained an over-quantity of resinous and other objectionable materials? Again, would it not be desirable, in the treatment of diarrhœa, to be assured that we were taking advantage of that kind of rhubarb which had the fullest degree of astringency? He (Mr. Judd) hoped that this subject would be taken up by minds competent to do it justice.

BOOKS RECEIVED FOR REVIEW.

On the Anatomy of the Breast. By Sir Astley P. Cooper, Bart. 4to., with folio plates. Longman.

On Diseases of the Bladder and Prostate Gland. By William Coulson. 8vo., with plates, pp. 258. Second Edition. Longman.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon James Steill appointed to the Persian. Assistant-Surgeons—F. Stupart and G. G. Creighton to the Impregnable.

ARMY.—4th Light Dragoons—Surgeon James Monat, M.D., from the 13th Light Dragoons, to be Surgeon, *vice* Peston, who exchanges. 13th Light Dragoons—Surgeon David Peston, M.D., to be Surgeon, *vice* Monat.

Mr. Silverlock has forwarded for our inspection specimens of his Magnificent New Set of Gold Labels. They comprise a class of Thirteen Varieties, seven being appropriated for bottles, and six for drawers. Those Labels which are intended for drawers are adorned with a shade line, which is calculated to correspond with the direction in which the light enters the Surgery or Shop as the Engravings are all completed by the same workmen, a uniformity of execution as well as design is ensured, and this similarity of character may be retained, even should a single Label be injured, as any future impressions will be seen to correspond with those previously obtained. The range of design far exceeds any hitherto offered to us, and their appearance is as chaste as it is conspicuous.

MR. BANKS' LETTER.—It is but justice to point out the following errata, which unfortunately, through accident, the printer allowed to appear in this gentleman's spirited letter. For 'have any hands,' read 'had any hands;' for 'hampered in his amusements,' read 'hampered in his movements;' for 'caused the foe,' read 'earned the foe;' for 'Demean's,' read 'Duncan's;' for 'contented yourself,' read 'contented yourself;' for 'ever descends,' read 'condescends'

ADVERTISEMENTS.

This day, price 1s., the March Number of the

POLYTECHNIC JOURNAL.

CONTENTS:—

Wood Engraving, with the usual about of beautiful Illustrations
The Queen's Marriage
Arago's Eloge on Ampère
Art of Printing for the Blind
Agonies of a Face Painter
Proposed Metropolitan Improvements
Points of Criticism
James Watt and the Steam Engine
The British Institution
Memoir of Blumenbach
Foreign Miscellany
Architectural Remains — Tower of London (concluded)
Reviews of Prints and Books
Numismatic List; being a Monthly Table of the Prices of English, American, and European Funds; the Average Prices of English and Foreign Grain; with those of Builton, Railroads, Canal and Dock Shares, and Assurance Companies.

London: 13, Wellington-street North, Strand; and of all Booksellers.

This day is published, the Second Edition, 8vo, much enlarged, with Plates, Price 7s.,

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. By WILLIAM COULSON.

Contents:—On Urine—Irritability and Paralysis of the Bladder—Inflammation of the different Structures of the Bladder—Spasm of the Bladder—Urinary Calculi—Lithotomy and Lithotripsy—Wounds and Injuries—Fungus and Cancer of the Bladder—Acute Inflammation of the Prostate Gland—Chronic Enlargement of the Prostate Gland—Prostatic Calculi.

London: Longman, Orme, and Co.

Just published, 1 thick vol. 12mo., cloth, price 12s. 6d.

A MANUAL for the COLLEGE of SURGEONS. By J. STEGGALL, M.D., and MR. W. MILLER.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

Extracts from Reviews.

"This is a most valuable epitome of anatomy, surgery, and physiology. No student should go up without consulting this work."—*Medical Miscellany.*

Now Ready, price 24s., in One very large 8vo. Volume, containing upwards of 1,250 closely printed pages, cloth, lettered,

THE PRINCIPLES and PRACTICE of OBSTETRIC MEDICINE; comprising the Structure of the Female Generative System, the Process of Parturition in all its details, the After Management of the Puerperal State, the Physiology and Diseases of Menstruation, the Physiology of Conception, the Diseases of Utero Gestation, and the Diseases of Children. By JAMES BLUNDELL, M.D., late Professor of Obstetric Medicine at Guy's Hospital. Carefully revised and corrected, with numerous and important Additions and Notes, by ALEXANDER COOPER LEE, Esq., of University College, and NATHANIAL ROGERS, M.D., Member and late President of the Manterian Society of Edinburgh, and Corresponding Member of the Medico-Chirurgical Society of Dublin.

*** This Edition of Dr. Blundell's "Principles and Practice of Obstetric Medicine," is the very best work on this subject in the English Language. The celebrity of its author has procured, not merely a European, but even a Transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present edition presents peculiar claims for the favourable consideration of the Profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former editions have been obviated: upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr. Butler's name is a sufficient guarantee for its being brought out in a most superior manner.

London: Joseph Butler, Medical Bookseller and Publisher, No. 4, St. Thomas's-street, Southwark.

IMPORTANT NEWS for MAIDS and BACHELORS.—BED ROOMS completely FURNISHED for 10l. each cash, consisting of French bedstead, paillasse or mattress, goose feather bed, bolster and pillow, linen-ticks, three blankets, white counterpanes, two pair of linen sheets, two ditto pillowcases, washstand jug and basin, soap brush, tray, and chamber ditto, toilet table, double towel airer, chest of drawers, two chairs, British plate tray glass, and Kidderminster carpet; the whole quite new, of the best materials and manufacture, warranted fit for immediate use.—By EAMONSON and CO., 393, Strand, the Exeter-hall Bedding and Cabinet Factory, where nearly 100 of every description and quality of bedsteads and bedding may always be seen fixed, and fit for immediate use, at prices which must defy further competition. Copy the address, as the profit is only 5 per cent.

GENTLEMEN who are in the habit of taking Exercise, and wish to be kept dry from rain, without confining perspiration, are respectfully recommended to use the PATENT MOHAIR CAMLOMERE, which is the greatest repellant ever invented. It is made in all colours like cloth; the fabric is very light, wears clean and long, has no unpleasant smell, and always retains the same impervious quality and silky appearance; the little wet it imbibes is soon dry; will not crackle or wear rough, is suited to all climates by adding a thin or stout lining. Is only to be seen in the whole piece, or made up in various forms for walking or travelling, at the Manufacturers, PAYNE and CO., and none are real but those stamped "Payne's Patent, 28, King-street, Covent-garden."

N.B.—India Rubber Capes, Cloaks, Frocks, and Goloshes, in great variety. Scotch Plaids of all the Clans, and Tweeds for Trousers.

CARPET, CABINET, and UPHOLSTERY WAREHOUSE, 293, 294, and 295, HIGH HOLBORN.—Families about to furnish are solicited to inspect the above Ware-rooms, which are replete with elegant goods of a superior description, at exceeding low prices. The following are especially deserving notice:—BRUSSELS CARPETS. The largest and most splendid collection of new patterns in the metropolis, combining durability of fabric and novelty in design, with economy in price.—CABINET FURNITURE, BRITISH and PARISIAN. This department, from its extensive stock and superior arrangement, affords facilities for expeditious selection not equalled by any house in Town.—BEDDING. Particular care is given to ensure every article well seasoned, and free from taint.—UPHOLSTERY. The stock of chaste new pattern chintzes, tournays, worsted, silk, silk and worsted damasks, tabbirettes, moreens, &c., is exceedingly large and well assorted, great attention having been paid to the selection of warranted colours and exquisite designs.

LYON, HOTSON, and COMPANY, 293, 294, and 295, High Holborn.

BURCH'S IRISH LINEN, SHIRT, AND OUTFITTING WAREHOUSE, Established 1806. An extensive Stock of IRISH LINEN, SHEETING, AND TABLE LINEN, in any quantity, warranted for durability and without any mixture of cotton, at the lowest possible prices. Shirts made to order in the newest fashion, so as to ensure a good fit; every quality kept washed for immediate use. Hosiery of every description. Ladies' and Children's ready-made Linen. Orders taken by females. Outfits executed with promptitude and economy. Stocks in great variety at very low prices.

Welch Flannels and Long Cloths of the best fabrics.

Avis aux étrangers: Tous les articles sont de la première qualité et a des prix fixes.

36, GREAT RUSSELL STREET, BLOOMSBURY, LONDON.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c.—Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, New and Second-hand, at C. JOHNS' Medical Fixture Warehouse, No. 187, Drury-lane, one door from Great Queen-street.

N.B.—A modern and extensive Stock of Neats of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Conserve Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued, Estimates given, and Shops and Surgeries fitted up in Town and Country.

J. CROSS'S NEW AND ELEGANT SET OF MEDICAL LABELS, published 18, Holborn, opposite Furnival's Inn, London.—Every department of Engraving and Printing executed in a superior style.

Examinations at the Royal College of Surgeons.

COURSES OF PRIVATE CATECHETICAL INSTRUCTION, with the aid of recent Dissections and Surgical Operations upon the Dead Bodies, continued as usual. By Mr. Dermott, whereby Gentlemen are qualified to pass their Examinations with eclat. Pupils whilst receiving the above private Catechetical Instruction, are allowed to attend Mr. D.'s Public Lectures, on Anatomy, Physiology and Surgery, also the Demonstrations, and may receive certificates of the same, if desirous of so doing, without extra fee. House Pupils received, who have extra instruction and advantages. Apply to Mr. DERMOTT, 15, Charlotte Street, Bloomsbury.

N.B.—Mr. Dermott's certificates of Attendance upon his Anatomical and Surgical Lectures; also his Demonstrations and Dissections are recognised by the Royal College of Surgeons, and all other Medical Boards. Lectures, Private Instruction, and Dissections continued during the Summer.

WEAK LEGS, KNEES, AND ANKLES.

SURGEONS in the COUNTRY have now an opportunity (through the reduction of the Postage), of having any Bandage direct from W. H. BAILEY, 48 Regent Street, at astonishing low Prices. W. H. B. begs to submit the following list of Prices *expressly for Surgeons*:—Elastic Laced Stockings, 13s.; Kvet Linen or Jean, 8s. 6d.; Elastic Knee Cap, 7s. 6d. to 10s. 6d.; Strong do., 5s. 6d. to 7s. 6d.; Single Truss, 8s. 6d. to 7s; Double do., 9s. to 12s. 6d.; Brodie's Elastic Bandage, 6d. a yard; Calico Rollers, 1s. 3d. the Dozen Yards; Crutches, Spinal Steps, Arm Slings, and every kind of Surgical Bandage equally reasonable.

N.B.—Directions for measuring forwarded by Post.

Manufactory, 48, Regent Street, London.

Empowered under the several Acts of Parliament of 14th Georg 3rd, c. 48; 22nd (Geo. 3rd.; 33rd Geo. 3rd, c. 141; 3rd Geo. 4th, c. 92; and 1st Vic. cap. 10.

INDEPENDENT WEST MIDDLESEX ASSURANCE COMPANY, opposite the Bazaar, Baker Street, Portman Square, London; South St. David's Street, Edinburgh; Ingram Street, Glasgow; and Sackville Street, Dublin.

MANAGERS.

Jas. Alexander, Esq.	J. D. Hustler, Esq.	Wm. E. Taylor, Esq.
Samuel Eyre, Esq.	Thos. Knowles, Esq.	John Wilson, Esq.
Robt. Ferguson, Esq.	H. R. Perkins, Esq.	Wm. Whittaker, Esq.
Thomas Hope, Esq.	Thomas Price, Esq.	Geo. Williams, Esq.

IMMEDIATE BENEFITS OFFERED TO THE PUBLIC.

LIFE and FIRE INSURANCE RATES reduced 20 per Cent. per Annum Lower than any other Office.

LIFE ANNUITY RATES, calculated on Equitable Principles!!!

FOR EXAMPLE.—For every 100*l.* deposited, this Association will grant the Annuity placed opposite the Age of the party depositing.—From 50*l.* and upwards, in proportion.

AGE									
30 to 40	to 45	to 50	to 55	to 60	to 65	to 70	to 75	to 80
Pr. Ct. 5*l.*	6*l.* 10s.	7*l.*	8*l.* 10s.	10*l.* 10s.	12*l.* 10s.	15*l.* 10s.	20*l.*	25*l.*

LIFE ASSURANCE RATES.

Age	20	to	25	to	30	to	35	to	38	to	40	to	45	to	50
Premium.	1*l.* 11s.		1*l.* 15s.		2*l.*		2*l.* 6s.		2*l.* 10s.		2*l.* 15s.		3*l.* 5s		

This Company make no Charges for Intermediate Ages under 50 Years

FIRE INSURANCE RATES.—COMMON INSURANCE.

Private Houses and Shops (not hazardous)	1s. 0d. per Cent.
Hazardous	2s. 0d.
Double Hazardous	3s. 6d.
Farming Stock	1s. 6d.

Secretary—G. E. WILLIAMS.

THE ANTIGROPELOS.—MR. WARNE, Patentee of the "ANTIGROPELOS," begs leave to solicit the attention of Noblemen and Gentlemen to his unrivalled Invention, by the use of which they are enabled to walk or ride, in the dirtiest weather, without soiling either their boots or trowsers. They are put on and taken off without trouble, worn without the slightest inconvenience, and cleaned in a minute with a wet sponge, while the elegance of their appearance renders them an ornamental appendage to the out-door costume. In soliciting an inspection of this highly useful Invention, the Patentee feels confident that he is enabled to offer what has long been a great desideratum in the fashionable world, as the inconvenience and unpleasantness of walking or riding in wet or dirty weather, which, in a climate so variable as England, generally prevails for nine months in the year, is too well known to need comment. The lightness and elegance of this Invention, and the easy accomplishment of the object sought, can only be appreciated by trial or inspection, at the Establishment of the Patentee, T. WARNE, 9, Henrietta-street, Covent-garden.

Many Scientific and Medical Gentlemen have signified their approbation of the Chunk Patent Stove.

EXPERIENCE has proved there is not a situation, in which any Stove could be made to answer, that the CHUNK PATENT STOVE may not be placed in to act satisfactorily, at a less cost, and with much less inconvenience than any other, with the certainty that it will merit approbation. An extraordinary large quantity of the Chunk Stoves have been sold, and upwards of one thousand of them delight their possessors, by producing the most salubrious warmth ever yet obtained. It is possible, out of the immense quantity which have been sold, some may be improperly fixed; the Stoves would then, no doubt, be blamed for not acting, although the fault does not rest with them, but in the fixing. In such cases (if there are any) application should be made to Messrs. RIPPON and BURTON for proper directions, which are very simple, and, when attended to, the Stoves are certain to give the same satisfactory proofs which they have already given in upwards of one thousand instances; that they far excel all others in point of simplicity, safety, cleanliness, comfort and economy. To prevent that delay from being experienced, which with much regret Rippon and Burton acknowledge many have been subjected to, arrangements have been made for manufacturing five hundred Stoves weekly—the orders will, therefore, be executed with much greater dispatch than hitherto. Price for cash with order, at the Manufactory, 12, Wells-street, Oxford-street:—Plain, 60s.; Fluted, 70s.; Ornamented, 90s.; Package, 2s. 6d. They may also be had of every respectable Ironmonger in the kingdom, at 65s., 75s., and 95s.; but, as there are many Ironmongers whose interest it is to recommend other Stoves, which they have in stock, the Public are advised to seek the opinion of those who have the Chunk Stove in use, references to whom, in almost every part of England, will be furnished by RIPPON and BURTON, the sole Proprietors.—Wells-street, Oxford-street.

COMFORT WITHOUT RISK.—The attention of Medical Gentlemen is invited to BERDOE'S NEW WATERPROOF FROCK, as a Garment especially adapted to their use. It does not confine Perspiration, has no Singular or Uncouth Appearance, but is Gentlemanly, Light, and Warm; a convenient substitute for a Great Coat, enabling the Wearer, after Exposure to the most Drenching Rain, to enter the Apartment of the Sick, perfectly dry and free from dampness, and is also a valuable Protection from the effects of Sudden Exposure, from a Heated to a Cold and Damp Atmosphere, or the Pitiless Storm. W. B. has already supplied many of the most eminent of the Medical Profession, who express their entire approval of the Garment, and which only requires to be known to be generally adopted. Made only by W. Berdoe, by whom the New Ventilating Waterproof was first introduced, which renders all garments made of Woollen Cloth, &c., thoroughly impervious to Rain, yet does not confine Perspiration, or impart any objection to property whatever.

WALTER BERDOE, Tailor, 69, Cornhill (North Side). Private Trade, First Floor.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government), counteracting the variations of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 20 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

HODGSON'S POTTED WELCH SALMON.—The surprising demand, and the various attempts of other parties to imitate this most delicious preparation, proves its superiority over every article of the kind yet introduced for SANDWICHES, TOAST, BISCUITS, &c. J. HODGSON now begs to caution the public against spurious compositions, and to observe that none are genuine, unless signed on the side labels, JOHN HODGSON. In Pots at 1s. 2d. and 2s. 6d. each. To be had wholesale and retail, at the manufactory, Hodgson's British Wine Warehouse, 27, Union-street-east, Bishopsgate-street; and of all respectable Oilmen, Grocers, Druggists, and Fishmongers, in the Kingdom.

GOLD LABELS.

A NEW SET,

Engraved in Egyptian Letter for Bottles, Drawers, &c.

H. SILVERLOCK

Begs to inform his Friends that these LABELS are now ready, and that Catalogues, with a sketch of the Sizes and Pattern may be had on application at

3, Wardrobe Terrace,

through any of the wholesale chemists, or per Post.

This splendid Set of Labels, the most extensive and complete ever published, contains

SEVEN SIZES,

for Bottles, from the smallest size in use to the largest; also THREE SIZES Straight Labels for Drawers, and THREE SIZES Straight Labels with Ornamental Ends for Drawers.

The Prices vary according to the sizes, from 3s. per dozen. Address,

H. SILVERLOCK,

Medical Printing Office

And Label Warehouse,

WARDROBE TERRACE, DOCTORS' COMMONS,

Where may be had every description of LABELS ready GUMMED and CUT, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c., also Fancy Labels, in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in

THREE SIZES,

ith the new names, according to the last Pharmacopœia. Sold in ooks or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 0d.	3s. 0d.
Large	1s. 6d.	3s. 0d.

In Books, Green or Yellow.

	£ s. d.
Small Size, containing 1,036 Labels	0 17 0
Middle Size, " 1,120 "	1 5 0
Large Size, " 833 "	1 14 0
The Three Sizes in One Book, containing 3,008 Labels	3 10 0

CATALOGUES GRATIS.

ENGRAVING AND PRINTING

OF EVERY DESCRIPTION.

EYE-PRESERVING SPECTACLES.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2s. and 3s. 6d. each; upon the express condition that should any quantity thereafter purchased of us at 16s. per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price Lists of the various Kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.

HENRY BRETT and CO., Old Furnival's Inn, Holborn.

*** Gentlemen of the Medical Profession, who patronize our Brandy, are allowed a Discount of 1s. per gallon.

COMFORT FOR TENDER FEET, &c.

WELLINGTON STREET, STRAND, LONDON.

HALL AND CO.

PATENTEES OF THE PANNUS CORIUM, OR

Leather Cloth Boots and Shoes,

FOR LADIES AND GENTLEMEN.

These articles have borne the test and received the approbation of all who have worn them. Such as are troubled with Corns, Bunions, Gout, Chilblains, or Tenderness of Feet from any other cause, will find them the softest and most comfortable ever invented—they never draw the feet or get hard, are very durable, adapted for every Climate—they resemble the finest Leather, and are cleansed with common Blacking.

THE PATENT INDIA-RUBBER GOLOSHES

Are Light, Durable, Elastic, and Waterproof; they thoroughly protect the feet from damp or cold; are excellent preservatives against Gout, Chilblains, &c.; and when worn over a Boot or Shoe, no sensible addition is felt to the weight.

Ladies and Gentlemen may be fitted with either of the above by sending a Boot or Shoe.

Hall & Co's Portable Water-Proof Dresses

FOR LADIES AND GENTLEMEN.

This desirable article claims the attention of all who are exposed to the wet.

Ladies' Cardinal Cloaks, with Hoods	12s.
Gentlemen's Dresses, comprising Cape, Overalls, and Hood	21s.

The whole can be carried with convenience in the Pocket.

A variety of Water-Proof Garments at proportionable Prices.

Wellington Street, Strand, London.

CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronized by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.

A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1 15	0 for Ladies.
Ditto, double joints	2 5	0 for Gentlemen.
Ditto, standard silver	0 15	0 for Ladies.
Ditto, double joints	0 16	6 for Gentlemen.
Ditto, finest blue steel frame	0 15	0 for Ladies.
Ditto, ditto, double joints	0 16	6 for Gentlemen.
Ditto, tortoiseshell frame	0 10	0 for Ladies.
Ditto, best black buffalo horn	0 7	6 for Ladies.
Ditto, strong steel frame	0 7	6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.

MARINERS' POCKET COMPASSES, from 3s. 6d. to 2*l.* 10s.

GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.

Country and Foreign Correspondents may be saited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.

Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.

MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2 5 0
Ditto, Rosewood, inlaid with Pearl	4 0 0
Portable Pedimental Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to	6 0 0
Most Improved Mountain Barometer	5 10 0
Ditto, Marine, from 3*l.* 10s. to	6 0 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.

No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

London:—Printed and Published by SYDNEY SMITH, Wellington-street North, Strand.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 25. Vol. I. LONDON, SATURDAY, MARCH 14, 1840. PRICE THREEPENCE. STAMPED EDITION, 4d.

For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

THOMAS JOSEPH PETTIGREW, F.R.S.

A GRAND national undertaking has been completed—another triumph has been achieved in the walks of British literature—and, henceforth, the well-earned and long-enjoyed honours of Plutarch must be shared with Pettigrew. The "MEDICAL PORTRAIT GALLERY" has been brought to a conclusion by its illustrious projector, who has had the delicacy to appropriate only one entire number to his own maudlin memoir and portrait, and the becoming modesty to place the name of THOMAS JOSEPH PETTIGREW amongst the "most celebrated physicians and surgeons who have contributed to the advancement of medical science." According to this "autobiographical *sketch*," it appears that Thomas Joseph had a father named William, who got a very "slender education" at Glasgow, and thus prepared to commence his profession, took to sea as a surgeon's assistant, in the "*navy of Great Britain* (!)" and there acquired "an extensive practice." In what this "extensive practice" consisted is not exactly stated, but that elegant reading, light reading, profound reading, or, indeed, reading of any kind, formed no part of it is very clearly made out, for "he did not *allow* himself to be captivated by the elegances of literature, or engaged in the profound researches of science." He also eschewed grog, for he was "a most temperate man," and his death was of a very curious kind, "of no disease." In the year 1791 Thomas Joseph was born in Fleet Street, where his father commenced practice, "upon a cessation of hostilities," and where, to this day, the celebrated "cough lozenges," invented by the naval surgeon, bear his name, and still enjoy the reputation they so richly deserve for the cure of pulmonary diseases. The first "misfortune" which occurred to our "autobiographer" was his being placed, at an early age, "under the direction of a variety of tutors." This was, probably, intended by his father to keep "the youth at task;" having, no doubt, experienced the disadvantages attending his own "slender education;" but it did not answer the intended purpose. "I was, in every point of view, unsettled as to precise information upon any branch of learning whatever;" and thus bewildered, in order to add fuel to the fire, this precocious youth, now having accomplished his twelfth year, "studied the bones, ligaments, and muscles," and dissected ad libitum. At fourteen he was withdrawn from school, and devoted to medical *science* in a workhouse for two years, during which time the only thing remarkable which occurred was the sense displayed by an old woman, an inmate, who left the establishment lest she may be "subjected to the mangling of young Pettigrew." At the age of 16 he was again unfortunate enough to be entered as a pupil to "an *unlettered* man, the late Mr. John Taunton;" but to compensate for this, young Pettigrew "was just the person he required," and he "became his favourite pupil," was kept hard at work, aiding his "*unlettered*" master in innumerable post mortem examinations, and physicing the inhabitants of the genteel and populous districts of "Clerkenwell, Hoxton, Shoreditch, Bethnal Green, Spitalfields, &c. &c." At this time he assisted "Dr. H. H. Ayshford" in the publication of his '*Tabular Views of the Anatomy of the Human Body*,' and when at the age of 17, "was literally installed demonstrator in the dissecting-room." At the age of 18 he turned author on his own account, and published 'Views of the Basis of the Brain and Cranium, accompanied with Outlines and a Dissertation on the Origin of the Nerves, interspersed with Surgical Observations;' a work which 'The Annual Medical Review and Register' did not scruple to say was taken from Soëmmering, and which the late Mr. Joshua Brookes asserted contained "the directions given for cutting down upon some of the branches of nerves most commonly the seat of tic-douloreux, such as he had been in the habit of delivering in his lectures." In the midst of these varied and extensive occupations, and at the early age of 18, it might be naturally supposed that little time was left for any other occupations, besides the vulgar ones of eating, drinking, and sleeping; but this was not the case—in a short time our autobiographer "speedily acquired sufficient information of the modern languages to peruse all that he absolutely needed," and directed his particular attention "to the dead languages." He was, at length, admitted a member of the Royal College of Surgeons in 1812. And here we must stop for the present for want of space.

PATHOLOGICAL CHAIR.—A paragraph has been going the round of the press, to the effect, that the King's College authorities had determined on the establishment of a Professorship of Pathology. We have good authority for stating that nothing of the kind will at present take place.

The small-pox is very prevalent in the county, and is making inroads in the city of Lincoln. At Holton Beckering (the population of which does not exceed 230) there are 50 lying ill of the disease, and one family of nine persons are all confined. In several villages it has terminated fatally; and at Harmston, on the Cliff row, a mother and two children died last week within a few hours of each other: the three bodies were interred in one large coffin. —*Boston Herald.*

The Clare Grand Jury have ruled in favour of giving a medical gentleman attending post mortem examinations at inquests two guineas, in place of one, which the Coroner had fixed.—*Limerick Chronicle.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

SECONDARY SYPHILIS—SCALY, PAPULAR, PHAGEDENIC VENEREAL DISEASES—AFFECTIONS OF THE BONES AND JOINTS—SYPHILIS IN INFANTS.

IN my last lecture, I enumerated and described to you the various phenomena of the disease which constitute what are called *secondary symptoms* of syphilis, or *lues venerea*. Now all these do not occur in one individual, nor do they occur indiscriminately; but we are in the habit of seeing certain of these affections combined together. They form certain groups, which exist either in conjunction or succession to each other, in particular instances. They do not take place accidentally—they do not seem to be like accidental coincidences; but we are in the habit of seeing that certain appearances are frequently combined together, and that some others do not exist simultaneously, so that we can draw out a sketch of certain conjunctions or groups of symptoms that occur in particular instances. In a former lecture I had occasion to observe, that Mr. Carmichael, of Dublin, conceived that certain secondary symptoms could be connected with certain primary sores as their source; that a certain train of secondary symptoms might be referred to each particular sore; and that there were so much regularity in the conjunction of these phenomena, that he conceived himself authorized to establish the existence of some four distinct species of venereal disease, to which he has assigned names. I may just mention the divisions he has adopted, and the names he has given to them; for certainly we do observe that particular symptoms, both primary and secondary, are frequently conjoined. Inasmuch as that is the case, I think we may very properly adopt at all events some of the names which Mr. Carmichael has given to these conjunctions, without embracing, in the full extent, his notions respecting the diversities of poison which produce them.—The *indurated chancre*—that sore which has been particularly described by Mr. Hunter, and, in consequence of his description, since regarded by the profession as more particularly deserving the name of syphilitic primary sore, or chancre;—the indurated chancre is commonly followed by scaly eruption, by the excavated and tawny-coloured ulcer of the tonsils, by pains in the shafts of the long bones, and by nodes formed on their surface. This combination of symptoms Mr. Carmichael calls the *scaly venereal disease*; and it is the combination of symptoms which has been more particularly described by Mr. Hunter, in his work on the Venereal Disease, and which subsequently to his description has usually been assumed as constituting the true or regular venereal disease, or syphilis. Mr. Carmichael considers that this form of venereal disease is particularly benefited by the administration of mercury—in fact, that the employment of mercury, so as to affect the system, is the best treatment of it, whether in its primary or its secondary shape. I should have no hesitation in agreeing with him on this practical point—namely, that the indurated chancre, the scaly eruption, the excavated ulcer of the tonsil, and the nodes on the shafts of the long bones, with severe nocturnal pains, are symptoms that do indicate the use of mercury, and are in all instances benefited by it; and the removal of which, if not absolutely requiring, is at all events much accelerated, promoted, and advanced, by the employment of mercury so as to affect the system. We are not, however, to lay down the use of mercury, even for this form of the disease, in the same positive and exclusive manner in which heretofore it was regarded as a remedy for

syphilis. The recent inquiries into the history of syphilis have demonstrated, as I have already informed you, that all forms of the venereal disease may get well without the use of mercury; that syphilis is not that uncontrollable disease which proceeds to destroy the part in which it is seated, and then goes on from one part to another with a progress essentially destructive throughout, so as to destroy the life of the individual. These inquiries into its history have shown that this notion is erroneous, and that the disease may go through its course, and wear itself out, without the employment of mercury at all. We are to consider, therefore, that though mercury is the best remedy with which to treat the form of the disease now mentioned, it is not so essential that you should persevere in its use at all hazards, whatever effect it may produce on the system. Mercury acts, as I have already told you, as a kind of poison on some individuals, and produces very injurious effects. Heretofore it has been considered better that individuals should bear these effects rather than subject themselves to the evil of allowing the syphilitic disease to go on: but now, as we have ascertained that the syphilitic disease will not produce those destructive consequences, we need not regard it as imperatively necessary, in every form of the venereal disease, to persevere in the use of mercury, when its operation is essentially injurious to the individual. Under these circumstances, even in this form of the disease, we should intermit the use of mercury; leave it off for a time, allow the bad effects produced by it to subside, and then resume it again; employing it in smaller quantities than we had before deemed necessary. We derive this advantage from the inquiries that have of late years been made—namely, that we need not expose the patient to the risk of those prejudicial effects which mercury is frequently capable of producing; we need not persevere in the remedy if these bad effects result, but may lay it aside, and trust, at all events for the time, to the employment of other means.—The second form of venereal disease described by Mr. Carmichael, is what he calls the *papular venereal disease*. I should have mentioned before, that Mr. Carmichael characterizes the disease chiefly by the form which the eruption assumes. He considers that the eruption is the circumstance most characterized in the natural history of the affection, and we certainly find this to be true in other cases—as cow-pox, small-pox, and so forth. He says that the papular eruption follows the simple superficial venereal sore, which is unattended with induration of the basis or elevated edges—that it sometimes follows gonorrhœa—and also that it follows a primary affection which I have not yet mentioned—that is, an excoriation of the prepuce and glans, with a puriform discharge. This is a kind of primary affection which leaves us in some doubt whether it ought to be referred to gonorrhœa or to syphilis. We find, however, occasionally, that the lining of the prepuce and the covering of the glans penis becomes inflamed, red, thickened, excoriated, superficially ulcerated, and produce a thin, purulent, and generally stinking discharge. This is sometimes called *gonorrhœa preputii*—gonorrhœa of the prepuce; and with that affection we not uncommonly find conjoined a superficial sore at the reflection of the prepuce over the glans penis; at all events we find a considerable excoriation in that situation, without being able, in every instance, to say that there is an actual ulcer. Now these three forms of the primary affection—a superficial sore without elevated edges or indurated basis, the gonorrhœa preputii, or inflammation and excoriation of the prepuce and glans with a purulent discharge, and gonorrhœa, properly so called—these three forms of primary affection, according to the experience of Mr. Carmichael, are commonly followed by papular eruption of the skin; by inflammation of the mucous membrane of the fauces, with superficial ulceration; by peculiar and severe pains in the joints, and in the limbs, without swelling of the periosteum or bones, or of the joints themselves; and with considerable pains in the chest and back. The papular eruption is a very acute inflammation of the skin; there is the formation of a number of pimples, of a bright red colour—that is, it consists of numerous and minute patches of active inflammation; and when these exist in a considerable quantity all over the body, you will not be surprised that such an eruption is attended by considerable disturbance of a febrile character; that there is a full pulse, pain of the head, a white tongue, thirst, disturbance of the digestive organs; and that, in conjunction with these symptoms, there is often considerable pain of the chest, limbs, and joints. This, in fact, is rather a more active inflammatory disturbance of the system than that which occurs in a scaly eruption; though I may observe to you, that the appearance of the constitutional symptoms of syphilis, whatever form they may assume, is usually preceded by more or less of a febrile and general constitutional affection.—The symptoms that I have just mentioned to you, of course require pretty active antiphlogistic treatment; sometimes venesection—at all events active purgatives, the administration of saline and antimonial medicines afterwards, low diet, and rest; and they neither require nor are they benefited, in the active inflammatory stage, by the employment of mercury. Indeed this papular venereal eruption will go through a certain course, much like the other active inflammations of the skin—as the small-pox, measles, &c. The pimples are commonly vesicated, or form a little pus at the point. The inflammation then subsides; the vesicles or pustules that have been formed, dry up; a little desquamation takes place, and the inflammation goes off entirely. You have a succession of these pimples, or patches, forming in various parts of the body; so that while some are declining, others are preceeding to vesication, or the formation of pus. However, the progress of the complaint ultimately leads to a natural cessation, and the eruption comes to an end of itself, even independently of the employment of any particular remedies. You mitigate the severity of the symptoms, and bring them to an end more speedily, by the employment of antiphlogistic means, suited in their activity to the state of the symptoms. There is no occasion for the employment of mercury in these cases, except towards the decline of the affection; and then you sometimes hasten the termination of the complaint by mercury—by blue bill, or Plummer's pill, in moderate doses. This form of the disease does not, like the preceding, require you to begin with the active administration of mercury. I may observe, however, that when iritis occurs, as it frequently does, in connexion with the papular eruption—and as it also frequently does in connexion with the scaly eruption of the skin—it usually requires the active administration of mercury for a short time. This is a point, however, I shall have occasion to advert to more particularly when we come to speak of affections of the eye.—A third well-marked form of venereal disease, is that which Mr. Carmichael calls *phagedenic venereal disease*. Where the primary ulcer has a phagedenic character—where the affection of the skin in the secondary form consists in tubercles, which proceed to ulceration, and which form ulcers possessing also a phagedenic character, spreading by a phagedenic margin—where the sore throat is of the same character, and exhibits phagedenic ulcers, more particularly at the back part of the pharynx—and where there are troublesome and obstinate affections both of the bones and joints. These affections, both primary and secondary, are often attended with very considerable pain—the destruction of the parts by phagedenic ulceration is always a painful process, and generally speaking, the suffering in this affection is very considerable, so that it wears out the strength of the patient and debilitates the constitution. These affections also show a great tendency to relapse; they appear again and again. Some of the worst cases of syphilitic affection—those in which the powers of the system are most reduced, and where we experience the greatest difficulty in conducting the patient to a cure—are examples of this form of the disease.

I have already mentioned to you generally, that mercury is not a proper remedy in cases of phagedena; that the employment of mercury usually exasperates the affection, whether it be in the primary or secondary form; and therefore we are not to think of employing mercury so as to affect the system generally, in the phagedenic variety of the venereal disease. I think there can be no doubt that the prejudices that have been entertained of late against the use of mercury, have probably arisen, in a great measure, from the injudicious employment of it in cases of this description: under the notion that mercury was a specific remedy for syphilis, it has been commonly exhibited in phagedenic as well as other cases. Long courses of mercury have been employed in phagedena, because the disease did not yield. The symptoms, however, have been exasperated by the remedy, and have appeared again and again; mercury has been had recourse to as often; and thus, partly by the serious and painful nature of the disease itself, and partly by the injudicious administration of this most powerful remedy, the patient has been brought to a state of great exhaustion, and no doubt, in many instances, life has been lost in consequence. In the phagedenic form of venereal disease, we generally have recourse to the employment of narcotics, for the sake of soothing the severe pain which accompanies it. We use conium, hyoscyamus, opium, and Dover's powder; but when the suffering is very considerable, I believe the general experience of the profession is, that opium is the only remedy on which we can rely. When we use it in cases of this kind, we find it necessary not merely to administer a single dose of the opiate at bed-time, but to employ it at regular intervals, so as to keep up a continued effect upon the system. A grain of crude opium, or five grains of pil. saponis c. opio, may be administered under such circumstances every eight, six, or in bad cases every four hours. If the symptoms do not require this free administration of opium, we may give a dose of Dover's powder—ten or fifteen grains at bed-time, or five grains of the pil. saponis c. opio, repeated perhaps once or twice in the course of the day. In conjunction with this, we may find advantage in the employment of sarsaparilla. If sarsaparilla possess any virtue, I think it must be in cases of phagedenic venereal disease. It is in those instances in which the general powers are most considerably depressed, that we find the efficacy of sarsaparilla most clearly exhibited. Although mercury employed *generally*, is prejudicial in the phagedenic disease, the same objection does not, in my opinion, exist to its employment *locally*; and, in fact, I do not know, under many forms of this affection, any application that is so advantageous as the employment of mercury locally. The black wash, the yellow wash, and perhaps more particularly the cinnabar fumigation, may be used; the latter especially is an eligible form in many instances of obstinate and serious phagedenic ulceration of the fauces, where indeed you cannot employ mercury in any other way. To the intractable phagedenic ulceration of the skin, which is very common, the yellow wash is a useful application. Now it has happened to me sometimes to see, that the cinnabar fumigation to the throat, employed simply with a view to the local influence of the remedy on the ulceration there, has caused copious salivation; and I must observe, that in many instances where I have seen this, I have found that the local disease in the throat, as well as in other parts, has proceeded very favourably; so that I would not lay it down as an absolute rule that mercury ought never to be employed in these cases, in reference to its general effect on the system. Indeed, these cases are so obstinate and intractable, that, sometimes finding we do not succeed by remedies that we consider from general experience to be the most suitable, we are obliged to resort to others. I have known the mode of proceeding which gentlemen have followed, who have had great reputation in their treatment of these affections, to be this:—At their consultations they have made it a rule, that where the patient had taken mercury and no benefit had been derived, they have said, you must change the medicine—you must use sarsaparilla; and on the contrary, where these last means had been tried, and there had been no advantageous result, they have said, you must discontinue these and use mercury. Sometimes then we must use mercury internally in phagedenic ulcerations; but we must do so very cautiously, and employ it in small doses.

We cannot lay it down as a precise rule, under all circumstances, that we must not carry it to the extent that is likely to affect the system. Mr. Carmichael speaks of a fourth form of venereal disease, under the name of *pustular*; but he does not speak of this very confidently, as if he had fully established its existence; therefore I need not detain you with any observations on the subject.

Now, with respect to these three forms of scaly, papular, and phagedenic venereal disease, I think you will find that their progress and appearances bear out what Mr. Carmichael has described; and you will recognise those circumstances which prove that his description must have been founded on the result of actual observation. Yet I do not feel myself prepared to go the whole length that he has gone, and to say that there are so many distinct poisons producing certain effects, because there is not that constancy observed in the combination of symptoms that I have now mentioned, which we notice in other obviously distinct and well-marked affections of the body, such as measles, scarlet fever, small-pox, and so forth. In the first place, we do not find that clear and constant distinction between the primary symptoms that Mr. Carmichael assumes. You sometimes see sores of a different character existing in one and the same individual; you may have superficial ulceration and indurated sore in the same person; you may have a sore, of which one part is indurated and the other not. The truth is, that perhaps the particular forms of ulceration in some measure depend upon the texture affected; so also you will see tubercular and scaly eruption occurring in the same individual; or you may see in the same person scaly eruption with phagedenic ulceration. The distinctions, therefore, that are laid down by Mr. Carmichael are only to be taken in a general sense, and not as being strictly true under all circumstances.

The affection of the meatus auditorius, the inflammation there with purulent discharge, is by no means a common occurrence in syphilis; it is only seen occasionally in a strongly marked form. I have only chanced to see one instance where it was necessary, from other concomitant symptoms, to employ mercury; and I found the particular symptoms alluded to, together with the others that accompanied them, yield favourably to the influence of that medicine.

The affections of the bones and joints that occur in syphilis are often very tedious and very troublesome. In the majority of instances, I fancy what we call *nodes* are inflammations of the periosteum of the bones affected. Sometimes this inflammation is of an active kind, attended with external redness, and proceeding to the formation of matter; generally speaking, however, it is a more indolent chronic swelling, which becomes particularly troublesome, in consequence of the severe pain that accompanies it. Now, proceeding on ordinary principles, we should say under certain circumstances it might be benefited by the application of leeches; and where the inflammation is more active, by the application of poultices. I do not know that in general we find the application of leeches of much use in these affections, though I would not venture to say that it is a mode of treatment that ought not to be employed in certain cases. When the disease has proceeded to the length of suppuration, we do not in general find that much matter is formed; but when tendinous parts, such as the periosteum, are concerned in inflammation that goes on to suppuration, we find a free division of such parts, so as to set them at liberty, produces more relief than anything else. Thus, where we have tried other treatment and it has failed, we frequently find that an incision through the swelled and inflamed part down to the bone will put an end to the patient's sufferings. In the more chronic forms of this affection, the application of mercurial plaisters externally may be advantageous, with the internal use of the pil. submuriat. hydrarg. comp.; but where these particular symptoms occur, as a consequence of syphilitic disease, we no doubt shall find the most effectual relief afforded by the employment of mercury, so as to affect the system.—Seeing the efficacy of mercury in many of these cases, I am rather surprised at an opinion which has been promulgated by many practical persons of late, namely, that the employment of mercury is injurious; that the nodes on the bones—this affection of the periosteum—owes its origin to the employment of mercury as a remedy. I must acknowledge this is contrary to my experience. It appears to me that this particular form of the affection results as unequivocally from the syphilitic poison as chancre, sore throat, eruption, or any other symptom of the disease. But, besides this, in cases where there are nodes—that is, where there is inflammation and enlargement of the periosteum existing, independently of syphilitic affection, I do not know any more powerful mode of controlling them, after the employment of general antiphlogistic means, than the use of mercury so as to affect the system. The affections of the joints generally take place in the protracted states of syphilis; and some of the most troublesome of these cases occur in the advanced periods of the phagedenic venereal disease. You frequently find the synovial membranes of the large joints, such as the knee, inflamed, and sometimes swelled by a large effusion into their cavities—a condition accompanied by excessive pain. You might infer that the local abstraction of blood by cupping, or leeches, would be advisable in these cases; sometimes it does good; but you cannot rely, under such circumstances, on the abstraction of blood as a means of alleviating the affection, in the same way that you can do when the joints are in a state of inflammation from other causes. I think blistering is the most efficacious remedy in these cases; and this, I should also observe, is a remedy frequently resorted to with advantage in cases of obstinate affections of the bones and periosteum. In reference to these affections, both of the bones and joints, as well as to the pains in the limbs, and venereal eruptions, I may mention that, in many cases, much good is derived from the employment of the warm bath; and this is a remedy which may be combined advantageously with any of the other modes of treatment to which we are in the habit of resorting.—The affection of the testicle is not one of the more frequent forms of the syphilitic disease, though we see it occasionally. I do not know that this affection occurs particularly in conjunction with any of the forms of disease that I have stated, though I think we seldom see it alone. We usually find it occurring in conjunction with other secondary symptoms; and the co-existence of it with them tends to facilitate our diagnosis. The affection of the testicle consists in a moderate enlargement of it, with induration, and generally with irregularity in the surface of the swelling, so that there is a kind of knotted irregular enlargement; and there is generally considerable pain, but no very active inflammation, nor redness of the scrotum, which, however, is enlarged very considerably. I think that we find invariably that this particular symptom is relieved most effectually by the employment of mercury.

The affection of the nose in syphilis, like that of the bones, has been considered more particularly of late, by those who have entertained strong objections to the use of mercury, to be an effect resulting from the employment of that substance. Now I believe it may be said, that nobody ever saw an affection of the nose arising in an individual who used mercury for other complaints; and I certainly have seen this disease of the nose arising as a symptom of syphilis, in individuals who have not employed mercury in any considerable quantity, so that we may say the same on this subject as we did with respect to the periosteum and bones. I cannot participate in the opinion that ascribes these to the mercury, although we may perhaps say, that this is one of those forms of the disease which might be aggravated or rendered more severe by the injudicious use of the remedy. I think in general, that the use of mercury does not do good where the nose is the seat of disease; and that sarsaparilla, and the local employment of mercury, such as corrosive sublimate, either in distilled or lime-water, is the safest mode of proceeding.

With respect to *warts* as connected with syphilitic disease, we do not find it necessary to resort to mercury in their treatment. They are to be regarded in this, as in other cases, as the result simply of irritation affecting the parts in which they have arisen; therefore their treatment falls under the general rules applicable to these excrescences under other circumstances.

There is one other form of the venereal diseases still remaining to be spoken of—that is, syphilis as it occurs in infants; and this is a form of the disease not arising in the way that the disease does in the adult, through the medium of sexual intercourse. Syphilis is communicated to infants through the medium of the circulating fluids of the mother. The syphilitic poison is conveyed to the child in utero, by the blood of the mother; and the child sometimes has the effects of the poison visible on it at the time of birth. More commonly the result of this affection becomes apparent a few weeks after birth—four, five, or six weeks, or even a longer period.—The affection as we see it in infants is very strongly marked; it is so peculiar, that, in my opinion, it cannot be confounded with any other. The source and nature of the disease appear to me equally clear and unequivocal: hence I must acknowledge that it seems to me very strange that Mr. Hunter, who appears to have seen many well marked and striking instances of it, should have put it down in that chapter of his work in which he speaks of diseases resembling syphilis, but which are not syphilitic. In the first place, this affection of children only arises where they are born of mothers that have actually laboured under syphilis; and the disease itself, in the infant, presents the strongest analogy to syphilitic disease as we see it in the adult. The disease which thus appears may be communicated from the child to a healthy woman who suckles it; and the disease thus produced in the woman is capable of affecting other individuals. And lastly—what I should have supposed would have been the strongest argument with Mr. Hunter in favour of its syphilitic nature—it is curable, and most easily and decidedly so, by the employment of mercury. That is Mr. Hunter's great criterion, in general, for deciding whether a complaint is syphilitic or not. If a disease gives way easily under mercury, he argues that it is syphilitic; if not, he argues that it is not syphilitic. Therefore this affection of the infant is one that would come under his idea of syphilis in all its circumstances: the origin of the affection, its nature, the way in which it can be communicated from one individual to another, and the mode in which it is cured—all concur in showing that the affection is in its nature syphilitic. Now we naturally ask, in the first instance, whether this affection in the child proceeds from the primary or from the secondary form of the disease in the mother. So far as my own opportunities of observation and inquiry have gone, I should say it is produced not by the existence of the primary, but of the secondary disease in the mother. I do not mean to say that the existence of the primary disease in the mother may not produce it; but, in the majority of instances, I think we find it seems to have owed its existence to the presence of secondary symptoms; and, in fact, the disease, as it occurs in the child, does not bear the character of the primary symptoms, but is analogous to what we call secondary symptoms in the adult. I remember an instance of a young female, about sixteen years of age, who was in this hospital as a patient of mine, being far advanced in pregnancy —I think about six months—who had got obstinate chancres, for which I found it necessary to employ mercury so as to salivate her; and I did so very freely, yet it had no unfavourable effect on her offspring. I am not able to state positively whether she had, before delivery, secondary symptoms or not, because she did not continue under my inspection; but knowing that she was far advanced in the family way, and having found it necessary to use mercury, and keep her under its influence, I was interested in the case, and told her to bring the child, and let me see it a month after birth. Accordingly, she brought the child at the time specified, and it was then perfectly well. I told her to bring it at the end of another month; she brought it, however, a fortnight sooner, and then it was poxed all over, from top to toe; and she herself had got a syphilitic affection of the throat, and an eruption on the skin. Now this i-

the only instance I have got of syphilis being produced in an infant in consequence of primary disease in the mother; but I cannot positively say that she had not secondary symptoms before the birth of the child. There is a paper by Mr. Hey, in the 'Medico-Chirurgical Transactions,' 7th volume, intitled 'Facts illustrating the Effects of the Venereal Disease on the Child *in Utero*;' and it appears to me, from the circumstances he states, that it generally arises from secondary disease in the mother. I also observe that he discusses the question which I submitted to you in a former lecture on this subject; namely, whether syphilis can be communicated from the husband to the wife by cohabitation, when the husband labours under secondary or constitutional symptoms. He is of opinion, though he is not able to give us positive facts in the affirmative, that the disease may be so communicated,—that the husband labouring under secondary symptoms may, by cohabitation, communicate the disease to the wife; and such, I acknowledge, is likewise the impression on my own mind, from circumstances that have come under my observation. Children receiving a syphilitic affection in utero are sometimes born with the cuticle desquamating, or peeling off all over them. They are in a wretched state, thin, emaciated, excessively weak, and, in fact, seem ready to die. Such is the form in which syphilis exists at the time of birth. But more commonly the children are born healthy, and a few weeks after birth begin to exhibit symptoms of the disease;—redness, excoriations, superficial ulcerations, and sometimes vesicles or pustules, show themselves about the anus and external organs of generation; and this affection of the skin, which commences in these parts, gradually extends from thence all over the body. Thus, in the course of a short time, you find that the child presents, over the whole frame, patches of red, coppery discolouration of the skin, sometimes in large quantity, and at others to a more limited extent. These go into a scaly state, and the cuticle desquamates, or separates, over the whole of the body, sometimes without very manifest previous inflammation of the skin; but we find it spreading everywhere, even to the palms of the hands and the soles of the feet. You will see these patches of light coppery red discolouration of the skin particularly large and vivid about the face; so that the child's face has a nasty, scabby appearance. You observe large fissures at the corners of the mouth, aphthæ of the mucous membrane, and soreness about the eyelids; you find that the nostrils become inflamed and tender, and that a thick, viscid, yellow secretion, stops up the nares, so that the child makes a kind of sniffling noise, and seems as if the respiration were impeded. When you come to examine it, you find the nostrils plugged up with thick yellow matter. In conjunction with these symptoms you find, as you might naturally expect, that the child loses flesh, becomes shrivelled, miserably emaciated, fretful, and irritable, exhibiting marked signs of the most unfavourable constitutional affection; and, in fact, if the disease be not relieved, it very soon sinks under it.—It has only happened to me in two instances to see iritis as a symptom of syphilis in the infant. I have seen two cases of that kind, but of the other symptoms I have seen a great number of instances; and they have consisted, more or less, of the affections I have just mentioned. Sometimes there are particularly marked indurated ulcers about the anus; that is, superficial ulceration, with elevated edges, and rather an indurated base.

The *treatment* of these cases is very simple; you must administer mercury; and, fortunately, these young subjects bear it very well. Half or three quarters of a grain, or a whole grain of calomel, may be given night and morning; or a few grains of hydrar. c. creta may be given as often; and this treatment accomplishes all we wish. You find that by these means the local symptoms that I have described very speedily become relieved; the ulcerations, if they have been present, heal rapidly; the scaly eruption of the skin goes off; the discharge of the nose ceases, the child recovers flesh; and, in some instances, where it seems so emaciated and reduced that we could not anticipate anything but its dissolution, the symptoms go off, and the child recovers its health and strength. On the Continent it seems a more general plan to administer mercury to the mother, and affect the child through her medium. I find, however, that the direct administration of the mercury to the child answers extremely well, so that I have generally adopted that plan of treatment. You should be aware that the syphilitic disease I have now described, when it occurs in a child, is capable of being communicated from the child to a sound woman who may suckle it; and that women who thus receive the disease are capable of communicating it to other persons. Thus it is of great importance that those women who nurse such children should be aware of the nature of the affection, and employ all the precautions calculated to prevent its propagation. The effect of the venereal disease, when it is introduced into the system of the mother, and when it thus influences the health of her offspring, is, in some instances, not confined to a single birth, but extends to several; and that in cases where the woman has not received the infection immediately by sexual intercourse. There are two or three instances of this kind related by Mr. Hey, in the paper that I have just alluded to. He mentions, that in the latter end of the year 1770 and the beginning of 1771, a blind woman, who gained her living by drawing the breasts of women during their confinement, became affected with ulcers at the angles of the lips, which were judged to be venereal. He found that she had drawn the breasts of a woman who was supposed to be labouring under the venereal disease. He treated these ulcers as syphilis, and they healed under that treatment. He observes, that several women whose breasts had been drawn by this woman became affected with syphilitic disease. He mentions one case in particular. Mrs. B. had her breasts drawn twice by this woman, upon the death of her second child, which died of the small-pox, and within three or four weeks afterwards perceived a swelling of the axillary glands, and complained of soreness in her throat. The swelling in the axilla was, no doubt, the effect produced by this blind woman drawing her breasts. The gentleman who saw the sore throat deeming it to be venereal, exhibited mercury, and it got well. During the treatment she became pregnant, but continued the use of the mercury during her pregnancy; and at the end of seven months she miscarried of a dead child. She became pregnant again in 1772, continued to enjoy good health, and was delivered of a child apparently healthy in February 1773, which she herself suckled. When the child was about six weeks old, an eruption which Mr. Hey judged to be syphilitic appeared upon its legs and arms. He put both the mother and child upon a mercurial course, giving the former small doses of hydrar. submurias, and the latter hydrar. c. creta. By that treatment, the child was in a short time freed from the eruption, but continued to take the medicine till the beginning of August. In October following, two or three small ulcers appeared on the outside of the labia pudendi of the child, and on that account the mercurial course was resumed, with the addition of an occasional dose of hydrar. submurias. The ulcers were soon healed, but in May 1774, the nostrils became sore, and the integuments of the nose were also tender;—at the same time the child grew hoarse. The mercurial course was repeated, and continued for two months. The child also took the medicines during part of the months of September and October, after which time there was no recurrence of disease. In June 1775, this same woman bore another child, which was apparently healthy at its birth, and continued to be so for a few weeks. Blotches of a copper-colour then came out upon the skin, but soon disappeared, upon having recourse to mercurial medicines. After some time the blotches appeared again, and were accompanied with a small ulcer in the labium pudendi, as in the former case. The child was, however, completely cured by a repetition of the treatment, and remained well. Now here you observe there is a succession of appearances, proceeding from 1771 to 1775; successive children of the same mother becoming affected by venereal disease, which she had received from the woman who had drawn her breasts, so that it had not been communicated through the medium of sexual intercourse.

Some years ago, I had occasion to see a case of affection of the breast, where there was a primary ulcer, with indurated base and margin, consequent on disease communicated to a nurse by a child that she was suckling; and the facts of the case that I have just alluded to may serve to illustrate the natural history of these affections. A lady, in the family way, called upon a poor woman, and told her that she was living in private; and observing a healthy child at her breast she asked her to take her infant when it was born, and suckle it. The woman consented, keeping her own infant at the right breast and the other at the left breast. The latter child was healthy at the time it was born, but she stated that, in a week or a fortnight after, she observed two small blisters, as she described them, come about the organs of generation, the nose got stuffed, and the mouth became sore; in fact, the woman described clearly a syphilitic affection of the child. As soon as the child's mouth was affected, her own nipple got sore. The child took white powders, and the eruption gradually got better, but her own nipple remained sore. At the time I saw her (February 1827) the infant had not got well, its skin had marks of venereal eruption over various parts of the body, and it was stuffed about the nostrils; the suckling still continued. The woman who nursed the child had a smooth red superficial ulcer upon the breast. The sore looked clean; in size it was nearly equal to a shilling. The substance of the gland about the nipple was indurated, forming a lump as large as an egg; there was also a superficial sore in the axilla, and a lump above it, which probably was a glandular affection caused by the primary sore. When I asked her whether she had any eruption or sore on any other part, she said she had not; but I found, by examination, a few small spots on the scalp, a few of a similar character on the region of the pubes, and two or three superficial ulcerations on the labia. These were the appearances that resulted as the secondary symptoms of the primary sores communicated through suckling. I gave her mercury in a moderate way. Her own child, which had taken the right breast, continued well, which was a singular circumstance. She had been suckling it for some weeks, at the same time that she nursed the diseased child, and though she was affected with constitutional syphilis, her own child did not suffer at all. By means of the remedies employed, both the child and nurse got better. After a time, she passed the child on to another woman; she did not choose to go on suckling it any longer, and the child seemed tolerably well when the other nurse was engaged for it. I had first seen the child in February, and I saw it again in April. It was then mentioned that the child had been sent to another nurse, and that, a week before, a few small brown patches appeared on the anus and about the face, and that some discharge took place. The nurse's nipples had become sore, but it was a mere common excoriation. The nurse that I first saw had then fresh appearances of a scaly eruption; the nipple to which the disease was originally communicated was well. On the 18th of July the second nurse called, to show me a sore on the breast; it was without granulation, about the size of a shilling, and had existed three weeks, not having been checked by the applications that were used. The child that had given her the disease had died of the measles before I saw the woman on this occasion. On the 20th of July, this second nurse had a small reddish eruption thickly scattered over the hands, especially on the palms. On the 24th the eruption was more marked, and spread over the hand, running halfway over the fore-arm. She took mercury, and the symptoms disappeared; the sore on the mamma and the eruption went off. The second nurse was delivered of a fine healthy infant, about the 2nd of April, 1828; and this child was brought to me on the 20th July, covered with syphilitic eruption from head to foot. It consisted simply of red patches, principally on the body, with a cuticle peeling off. Those on the hands and fingers, and on the organs of generation, were deep red, and partly excoriated. The lips were chapped and scaly. This child was

emaciated and fretful, and was fed by the hand, the mother having no milk. The child got well, but the mother died of phthisis. Here you see there was a child giving the syphilitic disease to a healthy woman that nursed it; at the same time her own child, which was kept to the right breast, had no disease. The woman—that is, the nurse—had a primary sore on the breast, and an affection of the absorbent glands, eruption over certain parts of the body, and appearances on the external organs of generation similar to what we should recognise as a primary syphilitic affection. This child is then put to another woman to nurse—the child then appearing well. The second woman has a primary sore on the breast; has an eruption occurring over various parts of her body; she then becomes pregnant, and is delivered of an infant, who, in about four or five weeks, is covered with syphilitic eruption from top to toe. Now, in these and a variety of cases of a similar kind, the evidence of the nature of the disease, of the mode in which it is communicated to the children, and in which these children are capable of communicating the disease to other individuals, are so clear, that I am quite at a loss to discover what the grounds are which have led persons to doubt the syphilitic nature of such affections; and I can say most decidedly, that the administration of mercury, in the way that I have mentioned, is the most efficient made of removing these appearances.

SPIRIT OF THE MEDICAL PRESS.

DISEASES OF THE EAR.

THE following practical remarks on the mechanical expedient usually resorted to for the removal of hardened cerumen, vulgarly, but incorrectly, termed ear-wax, or other extraneous substances collected in the auditory passage, is from the *fifth* edition of Mr. Stevenson's 'Treatise on Deafness, its Causes, Prevention, and Cure,' a work containing much information, a knowledge of which cannot, we think, be too generally diffused among every description of readers.

"The operation of syringing the ear, which—without regard to the cause of the existing disease—is indiscriminately deemed the specific remedy, and as such almost invariably adopted for every species of deafness, is not at all times either safe or easy of execution. When a stream of water is forcibly impelled into the external aural tube in the absence of any protecting medium, or accumulated matter—the delicate membrane of the drum is occasionally overstretched, sometimes even lacerated, and inflammation superinduced, followed with long continued pain, purulent discharge, and greatly impaired hearing, many lamentable instances of which have fallen under the notice and care of the experienced author. When recourse is had to that process for the dislodgement of indurated wax, &c., if the nozzle of the syringe be made incautiously to close the entrance of the meatus externus, the injected liquid, instead of returning in a counter stream, being projected with unrestrained momentum, and carrying with it the inspissated cerumen against the fine membrane of the drum, has caused it to be ruptured, the connecting bones (ossicles) in its cavity to be dislocated, and the function of the organ irretrievably destroyed by the injury inflicted!—The operation of syringing the ear, although commonly held to be one of the most simple and trivial in surgery, requires, in order to render it innocuous and efficient, a thorough mechanical knowledge of the mode of using the instrument—of the occasions in which only it should be employed—and, above all, of the structure and direction of the auditory passage, added to that of the most advantageous method of fixing the head of the patient, and of regulating the position of the auricle. To attempt the process under circumstances obviously improper and inexpedient, might prove not only detrimental, but would tend also to bring into discredit an operation which, when rationally adopted, and skilfully performed, is often necessary, and signally beneficial in its effects."

MIDWIFERY PRACTICE.

THE following is a summary of the labours which occurred in the practice of Janson the Elder, of Ghent, during forty-one years, from Jan. 1, 1797, to Dec. 31, 1837. Thirteen thousand three hundred and sixty-five women bore 13,439 children, of which 6,611 were boys, and 6,828 girls: out of 157 cases of twins, in 38 they were both boys, in 62 both girls, and in 39 one of each sex; eight twins were born dead; there was one case of triplets, all girls; 859 were natural children. Three hundred and forty-one labours required the forceps, and 484 preternatural labours were terminated by the hand. In 150 the foot presented, in 30 the hand, in 97 the breech, in 20 the breech had descended into the smaller cavity of the pelvis; two breech presentations required the application of instruments. In 15 cases the face presented; in two face presentations the forceps was required. In 86 cases the funis presented, and 46 of these children were delivered alive by turning; 38 died through the compression of the funis; and six were delivered alive by the forceps, in cases where the funis preceded the head. Seven times the placenta was upon the os uteri. Perforation was performed five times; once the symphysis pubis was divided, and a cure took place; once both mother and child died suddenly, the child being thrown into the abdomen by a spontaneous laceration of the uterus. Superfœtation occurred twice; one child was at its full time, the other three months old. Convulsions and sudden death occurred thrice, and serious hæmorrhage before delivery four times. It is to be remarked that M. Janson practised for 15 years before 1797, without keeping notes.—*Schmidt's Jahrbücher.*

COMPLETE ABSENCE OF THE IRIS. BY DR. F. PRAEL, OF BRUNSWICK.

A BLOND country girl, æt. 27, who was in good health, but had menstruated very late, and was of small stature, had had weak vision from her childhood, was near-sighted, and when an infant, had often had a reddish glimmering in her eyes. On examination, the eyes were at once remarkable for the narrow and deep apertures of the eyelids, and for the peculiar, though not vacant, expression which the raven-black appearance behind the cornea gave them. The upper eyelid was extended transversely across the upper half of the cornea; it moved sluggishly, and the author never observed it to be drawn up. The eye, though defended by thick-set and very delicate eyebrows, was yet very sensitive to common daylight; its ball continually moved hither and thither; its axis was directed downwards, and the ciliary border of the upper eyelid was constantly vibrating, though the lid itself hung down inactive and broad. The patient had never suffered from any inflammatory or painful affection of the organ, though, to avoid the light, she kept her head constantly turned downwards. The bulb had its natural size, though a somewhat elliptical form. The snow-white sclerotica contrasted strongly with the deep black colour of the interior of the eye. In neither eye was there the least trace of iris; the lenses were of a dull greyish white colour, and atrophied, and they oscillated on every motion of the steady eyeball. On looking at a near object, they sank deeper down; but in viewing a distant one, they rose up, and formed an inclined plane. In the right eye especially the cataract sank so deep that it sometimes lay quite below the inferior margin of the cornea. With proper spectacles the patient could discern a large print; and, in looking at it, the cataracts became fixed in their deeply-sunk position. Her vision was sufficiently good to enable her to carry on her common occupation, and, therefore, no treatment was adopted to improve it. In another case, reported by the author in Graefe and Walther's Journal, there was only a very narrow ring in the place of the iris; but it lay behind the lens which was affected with cataract, and immoveably fixed in the anterior chamber, and it therefore seemed to be entirely deficient. In this patient the rudiment of the iris completely obstructed the entry of the light, and there was less sense of sight than in the preceding, though, as the eye was not unsteady, nor covered by the lids, and had its axis in the normal direction, its vision had been quite good till the lens became opaque. In the first of these cases, the author believes that the malformation must have had its origin from an early month of fœtal life; in the second, that the arrest of development probably took place in the fourth or fifth month. In both it was remarkable that the defective formation of the iris coincided with a late development of the generative organs.—*V. Ammon's Monatsschrift*, Bd. 1; H. 5; P. 501.

POOR LAW INTELLIGENCE.

CORK UNION.—Mr. William J. Gardiner has been elected apothecary to the workhouse. We have been informed that this gentleman is a stranger in Cork, and the apothecaries of that city had determined not to look for the situation at the salary of £30. It was suggested by Mr. Voules, the Assistant Poor-Law Commissioner, that the master of the workhouse (who happens to be a licentiate of the Apothecaries' Company,) should be appointed apothecary *without salary*, and that his son should act under him as dispenser of medicines. —*Dub. Med. Press.*

MR. WAKLEY AND THE PRESS AGAIN.—We, a week or two ago, directed attention to the extraordinary stretch of authority exercised by Mr. Wakley, in excluding from his inquests the Reporters to the Public Press, unless upon conditions with which, he well knew, it was impossible for them to comply. One of those gentlemen, however, has very spiritedly resolved on opposing to the utmost such an arbitrary proceeding; but he has done so, not so much by a sense of the duty he owes to his employers, as by the stimulus of wrongs and insults unjustifiably and shamelessly heaped upon him, *at the desire and under the cognizance of Mr. Wakley himself.* The gentleman applied at the Mary-le-bone Police Office for warrants against the Coroner, and the Beadle of Mary-le-bone Workhouse—the latter of whom had, after assaulting him, *forcibly ejected him* from an inquest room, *by Mr. Wakley's orders!* and that, be it observed, without one word or act having fallen from him to warrant such ejection!! Talk of liberty, or of common decency, after this, Mr. Wakley!!

BIRMINGHAM GENERAL DISPENSARY.—A vacancy having occurred in consequence of the resignation of Mr. Ingleby, five candidates started, which however by the time of polling were reduced to two, viz. Messrs. Wilks and Holbeche, the former of whom was elected by a great majority, the numbers being, for Wilks 187—for Holbeche 97.

At the levee last week there was a great display of M.D.'s. Does this portend nothing?

HOUSE OF LORDS.

MARCH 10.—The Marquis of LANSDOWNE presented a Petition from the Medical Society of London, praying that the House would direct its attention to the fact that small-pox, so far from having diminished of late years, had been on the increase; and, in order to remove the evil, that it would adopt measures whereby the full benefit of vaccination might be secured to the people at large, and persons not being members of the medical profession restrained from the practice of inoculation. The Petitioners set forth the immense superiority of the virus of the former over that of the latter; and, after pointing out the identity of vaccine with the matter of small-pox, proceeded to state that the recent increase of the disorder in question was owing to the very imperfect system of vaccination employed *through the license given to persons who were not capable of forming an opinion on the subject.* They did not wish that penalties should be imposed on parents who did not take care to vaccinate their children regularly—they did not wish to go to such an extreme; but all that they deemed necessary was, that a number of properly qualified practitioners should be stationed in various parts of the country to vaccinate the poor.—Lord ELLENBOROUGH suggested that a Bill should be brought in, to enable the Poor Law Guardians to make contracts for vaccination. He thought this would obviate the evil complained of. The question of vaccination was entirely one of expense with the poor. Some medical men vaccinated gratis; others did not, and their charges were higher than those of quacks.—The Marquis of NORMANBY said he regarded the subject as so important, that he should cause every inquiry to be made whether the evil would not be remedied by the measure suggested by the Noble Baron; and thus the good practice be encouraged, and the bad discouraged.—[The tendency of the above discussion affords so much reason for congratulation to the well-wishers of the great human family, that present comment is superfluous.]

TO CORRESPONDENTS.

A JURYMAN.—*Your supposition is correct; 49l. 9s. 7d. was the sum charged by Mr. Wakley for inquests which he did not attend. The charge was of course disallowed by the magistrates. Who else would have made it?*

J. W. H.—*The letter gives no particulars.*

KING'S COLLEGE.—*The Medical Gazette and the Lancet copied from the Medical Times, the names of those candidates whom we announced as most likely to fill the chairs of Medicine and Surgery. Behindhand in the first instance, they were premature in the next. Three weeks ago we stated who* would be *elected; a fortnight afterwards our rivals stated, Dr. Budd and Mr. Fergusson had been elected. Here they were wrong, as the point will not be definitively settled before this day, March 14th.*

PHILANTHROPY AT WESTMINSTER HOSPITAL.—*Overflowing with the milk of human kindness, a Governor proposed at the Board-meeting here, that an address of condolence should be presented to the incarcerated Sheriff. We think Mr. H. Thomson's patients are more entitled to pity.*

MR. JONES *and his speculum at Westminster shall be seen to.*

E. W.—*Many—Mr. Stevenson of Conduit-street for instance.*

MR. KINGSLEY'S *note was received and has been attended to. We shall be happy at all times to hear of him, or to receive any communications for our Journal.*

QUACKERY.—*We are sorry to see added to the black and degrading catalogue, the following names of practitioners who vend quack medicines—Mr. Watson, Holborn; Mr. Johnson, Marylebone-street; Mr. Winpenny, Fetter-lane.*

NORTH OF ENGLAND MEDICAL ASSOCIATION.—*We have received the Report of this body, and shall make it the subject of further remark.*

JASPER BUDDLE *next week;—as also some reviews which are in type.*

MR. WAKLEY AND THE PUBLICANS.—*With the* lively gratitude *characteric of him, he has lately been venting his spleen not only on the Reporters, but also on the Publicans.—He is reported to have said, at an inquest, that this class of persons know well* how to make three butts of porter out of two—*that they* adulterate it immediately after receiving it from the brewer! *The Publicans were his great friends, and mainly instrumental in returning him for Finsbury—he says they are cheats. The profession were the means of making him coroner—he says "he never requires the aid of medical witnesses, when he can avoid it."*

STAMPED EDITION
OF THE
MEDICAL TIMES.

We have much pleasure in announcing to our supporters that our STAMPED EDITION is now ready. The Stamped Copies will be charged the price of the Stamp extra, and thus for Fourpence the Journal may be sent to any part of the Kingdom, the Colonies, and France, POST FREE. The ordinary edition will continue as before, price THREEPENCE.

The Stamped Copies may be ordered of any Bookseller or Newsman, or may be obtained direct from the Office, by forwarding the Subscription in advance:—

	s.	d.
FOR A YEAR	17	4
HALF-YEAR	8	8
QUARTER	4	4

A Half Sovereign (which may be sent for a single postage) will pay Thirty Weeks' Subscription, or any Gentleman wishing to be supplied, may deposit in the nearest post-office the amount of Subscription for what period he thinks proper, and ask of the Postmaster an order on the London Post-Office in favour of the Proprietors of the 'Medical Times.' This order will cost sixpence, which may be deducted from all Subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, in which the Subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it "Medical Times, 10, Wellington Street North, Strand, London," and return it into the hands of the Postmaster. The order will be complied with by return of post.

THE MEDICAL TIMES contains all the Medical News—Valuable Lectures now in course of delivery (including those of Lawrence, Bransby Cooper, Guthrie, Brodie, Howship, Velpeau, &c.)—Original Scientific Papers—Hospital Reports—Medical Portraits of the most celebrated living Professional Characters—Scenes and Stories of Hospital Management—Critiques on the Coroner—Caustic Commentaries on passing events—Reviews of New Works—All the best Papers from the German, French, and Italian Journals—Provincial Intelligence—Scientific Societies—Notes, Notices, Promotions and Appointments, &c. &c.

Orders, Communications, and Books for Review, to be sent, post free, to the OFFICE, Wellington-street North, Strand, London.

THE MEDICAL TIMES.

MEDICAL REFORM.

NOTHING could possibly prove a subject more worthy of our exultation than that the public at large are now strongly espousing the cause of Medical Reform. They have already followed our advice. There are now numerous petitions stationed in various parts of the metropolis under a rapid progress of signature.

We shall now no longer depend for the realization of Medical Reform upon the mongrel political firm of Messrs. Wakley, Warburton, and Co. There are many honourable Members in the House of Commons who will not allow themselves to be ear-wigged by this trimming Medico-Political party in the House, and who, with the public thus to back them, will advocate according to the prayer of the majority of the petitions, that a Bill for Medical Reform shall be framed by a Committee properly appointed for the purpose, upon the evidence long since *printed*, and that the Bill be carried this session.

The system whereby medical officers are chosen to our various charities is a murderous system—the system whereby all our medical teachers at public institutions are chosen, is murderous. This may sound strangely, but it is no less true. The most efficient members of the profession are *in toto* disregarded, and fated to live and die in obscurity, whilst it too often happens that bungling ignorant fools, possessed of money, fashionable connexions, and influential patronage, obtain preferment as physicians, surgeons, and teachers to institutions. Moreover, the system whereby individuals obtain their diplomas at the various close corporations, is, in too many cases, liable to the same sweeping condemnation as the quackery which thus exists in disguise, masked by wrongly-obtained diplomas, and in various other ways, is enormous in amount and deadly in its influence. With these facts before them, will any person who professes to possess the conscience of a Christian, refrain from signing the petitions for Medical Reform, when by failing to do so, they tacitly consent and become the contributory instrumental means of the murder of thousands? Nay, perhaps, in some future case of hæmorrhage, accident, poison, or severe indisposition, to the murder of his own offspring, wife, or father, brother, or sister!

As to Mr. Wakley, how niggardly has he, in the 'Lancet,' performed his duty; although he knows that the voice of the public is all-powerful when properly directed, and when properly supported by Members in the House. The only thing he has advised is, that medical men should individually send their petitions to the House. Now we reply, that he has no moral right or reason to confine it to the medical profession—nor is it the most effective or expeditious mode to adopt for realizing Medical Reform—*this he knows*, and it may be worth while to place both Mr. Wakley and Mr. Warburton upon the dissecting-table of medical politics, anatomize their conduct, and investigate the physiology, or the motives, of their actions. This is no time for tampering. Let us first take Mr. Wakley. We would ask any impartial medical man whether his braggadocia, blustering, and former promises, correspond with what he has absolutely done?

We ask, in the first place, is the exclusion of the members of the British Medical Association from the deliberations of their Council a suggestion of Mr. Wakley's? Does he approve of this "hole and corner," close-vestry system? Is such a plan of proceeding a part of his reform—or is it a most essential characteristic of the worst species of black-faced, black-hearted, conservatism? Was the Council of his "British Medical College" (which scattered about so much waste paper in form of false diplomas, without any examination, upon the strength of the sheer payment of five pounds, and which had connected with it the glorious eleemosynary fund) conducted upon the same sly and most convenient system? Is such a plan of proceeding to be trusted? Would not any honest reformer at once express his suspicions that mal-practices *may* be carried on at the Council of the British Medical Association, as well as in every other society similarly conducted? Is it liberal or honest on the part of Mr. Wakley, that he and his clique should claim the very peculiar privilege for 'the Lancet' receiving the sole and only report of the proceedings of their privately-closeted Council? Is it consistent that the reports of the proceedings should undergo, as

they constantly do, the discipline of being garbled, mangled, and twisted for express purposes, by Wakley and his helpers on that Journal, and whom he has packed upon the Council?

We have quoted the expressions of a gentleman who belongs to what has been denominated the "small moving party" in the Council of the British Association, by a daily Journalist; a term which, when read before a late meeting of the Council by one of the "small moving party" produced no little consternation.

But to proceed with the dissection of Mr. Wakley. Did not Mr. Wakley obtain his coronership upon the strength of his having advanced two principles—first, that all coroners' inquests should be, in the fullest and most literal sense of the expression, *open-courts*?—secondly, that all coroners should be medical men in preference to those connected with the legal profession? In the face of this, he has already attempted to assume for himself a censorship over the public press by doing that which is tantamount to its positive exclusion from his courts of inquests; nay, in many instances, literally doing so; and whilst, moreover, he has been convicted of employing his clerk, Mr. Bell, who is not a medical man, as his substitute at many inquests!

The admission of the press into all courts of judicature is one of the few great and powerful causes which keeps society tolerably wholesome, and without it every court of record (which the coroners' court is), inquiry, or justice, might be most conveniently converted into a star-chamber—a coroner would then, aye, a radical coroner, be clad in the robes of a Jeffries. The coroners' court was originally established during the Saxon Heptarchy. Upon a person being found dead, the first twelve individuals who passed by the corpse were declared by law to be the jury, and the inquest, as an invariable rule, was held in the open air. We maintain that no coroner on earth has a right or title to exclude any portion of the public from his inquests, much less such an important portion as the press; and the motive which he entertains for so doing is palpably dishonest. Our worthy coroner's pretence for excluding the press is, that they have used him unfairly: the denial can be as easily given as the assertion, and with much more truth upon its side. But waiving that, let us ask has he always been free from the sin for which he so bitterly accuses others—has he always conducted his scared-leafed and falling Journal fairly and openly—or has it ever been deeply dyed with the malignity of personal feeling? Has he always given his antagonists, as an impartial and fearless journalist, fair play? Does he call out at some gentle and friendly touches of that lash which he has dealt so unsparingly and unmercifully, and often unjustly, upon the backs of others? Has his complaints regarding the law of libel betrayed anything but selfishness, self-defence, and self (pecuniary) gain?

VACANCY.—The post of Surgeon to the Royal Metropolitan Hospital for Children is vacant. Candidates must be M.R.C.S.—not keep open shop—and must have been in practice 5 years in London.

MEDICAL ETHICS.

ON THE RECENT MEDICAL DEBATES ON SUICIDE.

THE principle of self-preservation is so intimately amalgamated with our nature by a wise ordination of Providence, as to tempt us to place the act of self-destruction almost invariably to the account of mental unsoundness. The association of the suicidal act with the supposition of insanity has accordingly obtained the support of public opinion; and the recent medical debates upon the subject have done very little towards removing the baneful tendency of the popular impression. A necessary preliminary to the matter is the definition of the word insanity. In truth sanity and insanity are but relative terms, marking the greater or less perfection of mental condition—neither admit of a positive standard admeasurement, but are alike matters of speculation within certain limits. It would be Utopean to search for a human being in whom the perfect adjustment of the animal, moral, and intellectual faculties could constitute the beau-ideal of sanity of mind; therefore, even as it is an axiom, that no man possesses perfectly sound physical organization, no less must it be admitted that mental perfection is foreign to human nature. There is ever an original flaw in our conformation which will serve as an inlet for physical and mental evil. Mental derangement, in the abstract, is not, therefore, the object of our consideration; it is ideal, inasmuch as human nature is instinct with imperfection. We will, therefore, define insanity as a conventional term for excessive mental eccentricity, of which certain unnatural actions constitute the indication, and afford the means of appreciation. The chief criterion recognised by common sense is the unfitness of the afflicted individual for the common business of life: he loses control over his conduct, which becomes prejudicial to himself and others. We are most conveniently able to classify insanity under three heads. In the first case, we may have a general deficiency of mental power, an extreme degree of which constitutes idiotcy. The decay of the mental faculties is not, however, necessarily equable. One may linger behind the rest to cast, from time to time, a bright but transient gleam over surrounding ruin; sometimes even it may beam so brightly as to tempt the beholder to believe that the spirit-light will reillume its habitation as of yore; but, alas! the meteoric appearance is as evanescent as the corpse-light which haunts the churchyard as though in mockery of death. In the second instance, we have that general derangement of the faculties known as dementia, when all unison and harmony is destroyed, and folly usurps the throne where reason before reigned supreme. In the third place, we come to that variety of mental derangement which is most especially connected with the subject of our present inquiry—viz., an isolated and excited state of a portion of the mental faculties, which at times alone originates the impulse to action, without due relationship to the rest of the mind—this is monomania. In a normal state, when a certain impression is made on the perceptive and animal faculties, it passes through the medium of the reflective and moral ones, and volition originates. Feelings, passions, and intellectual powers may mutually react, and the volition be further modified. The natural results may be greatly varied, according to the individual mental constitution; but they must not deviate very far from the broad path of common sense, or they will be pronounced out of the pale of reason—insane. In an abnormal state, one or more mental, moral, or animal faculty may constitute the originating point of disease, giving its specific character—instituting an irresistible impulse to volition, and thus is constituted monomania.

It is the monomaniacal condition to which is usually attributed the commission of suicide as an insane act, but without there being any rational argument in favour thereof, in the majority of cases. If suicide have been committed in a state of dementia, there is usually ample evidence of the deranged state previous thereto. Many with the instinct of self-preservation strong within them, exclaim that the act of suicide alone is sufficient evidence of an unsound mind, without reflecting that wilfully vitiated motives may counterbalance the preservative tendency, and exert a predisposing influence over volition, which is not, however, necessarily subservient to it as in monomania. Those who adopt such reasoning may as well class murder, theft, or any other crimes which is foreign to ordinary tenour of mind, as acts of insanity. We are not naturally excited to commit such crimes, though we may be more or less predisposed thereto, but that predisposition does not annihilate the power of volition, and so render the commission of those offences excusable in ninety-nine cases out of a hundred. In those who commit suicide, doubtless a tendency to destructiveness is strongly developed, and becomes excited to personal activity by shame, jealousy, fear, &c.; still, unless those sentiments have previously manifested an habitually overwhelming influence, why should they be regarded as irresistible causes of the action, and, consequently, render it excusable? The adoption of such a position implies a close approach to the doctrines of fatalism—thus arises the question as to whether or not the manifestation of destructiveness towards self should be restrained within conventional bounds than when exerted against others? Whether suicide, looked on merely in its civil relationships, is not a most heinous offence against the community, and be treated with proportionate severity? The soldier who forsakes his comrades from mere cowardice is punished with death, whereas, according to the present system, the man who forsakes the ranks of society, often from the basest and most despicable motives, is an object of commiseration, and often laudation. Were public opinion once to assume a proper tone, and the suicide to be ordinarily held up as an object of execution, the ratio of self-destruction would soon suffer an extraordinary diminution, and the moral and civil interests of society be thereby greatly promoted.

C.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, March 5:—Francis Frederick Trenchard, Taunton; Charles Danger Finch, Greenwich; John Giddy Mitchell, Tavistock; William George Shepherd; George Downie, Newcastle-on-Tyne; John Pownall, Rosthorne, Cheshire.

On the 12th ult., upwards of sixty of the friends of Mr. Alexander Wilson, surgeon, of Whitburn, met at the inn in that town, and entertained him at dinner, for the purpose of presenting him with a testimonial of their esteem. That testimonial consisted of a handsome gold watch and appendages, and a purse of 38 sovereigns.

Mr. Keate, on behalf of the College of Surgeons, London, presented an address of congratulation to the Queen, at the levee on the 6th. Sir H. Halford also presented one from the College of Physicians.

HOUSE OF COMMONS, March 9.—Captain PECHELL gave notice that he would, on an early day, move that Hospitals be exempted from the payment of rates and taxes.

CLINICAL LECTURE ON STRICTURE OF THE URETHRA,

BY SIR BENJAMIN BRODIE, DELIVERED AT THE THEATRE OF ST. GEORGE'S HOSPITAL, MARCH 3, 1840.

GENTLEMEN,—I propose to-day to direct your attention to the use of instruments in the treatment of stricture. In the first place, you must ascertain whether there be, in reality, a stricture or not; for the symptoms which the patient may exhibit are not always an infallible indication of its presence. It will be necessary for you to question him—to examine the part carefully—to be assured, beyond the possibility of doubt, that the retention of urine is occasioned, not by any entanglement of the folds of the urethra, or by any similar impediment, but by the existence of what is commonly termed a *stricture*. Having done this, you will proceed, of course, to pass your instrument, beginning with a small bougie, according to the volume of urine which may happen to be passed; not so small a one, however, as to be able to enter into a lacuna, and thus to afford the possibility of deceiving you as to the nature and seat of the stricture. Different surgeons place their patients in different positions; but this is a matter of very little consequence. I usually prefer mine to stand upright, while performing the operation. You should be provided with silver catheters, in order that, lest the bougie fail to satisfy you, you may pass one of them towards the upper part of the canal. Directing its concavity that way, the performance is at once simple and effective. I need hardly inculcate upon you the great importance of using either instrument with *gentleness and mildness*; by doing so you convey the idea of skill, while your patient is benefited. You have no occasion to *grasp* it. When you write, you do not grasp the pen,—you do not clutch it tightly,—but you hold it with ease, with lightness, without exertion; and, accordingly, you have a freer power over the voluntary muscles of the thumb and fingers. The artist uses his pencil lightly, the painter his brush, the engraver his stile—in like manner should you, at all times, and under all circumstances, handle your instrument; and, in order to that end, you should never neglect any opportunity of practising with it, whether in the wards or the dissecting-room. Not otherwise may you hope to become successful operators in this branch of surgery. You must have instruments of every variety of size; never attempting, however, to dilate the urethra beyond what necessity requires. There are some who think that they can never sufficiently dilate that organ, in the treatment of stricture; but it is a great mistake. Such persons labour under a lamentable delusion, and one most mischievous in its tendency. There is an extent to which all things may be carried, and no farther: the habits and mode of life of the patient form an important consideration. There was a gentleman sometime ago, residing at Woolwich, who consulted me for stricture. He rode up to town every afternoon on horseback, that I might pass a bougie, which I did with the utmost regularity. Three weeks, however, had elapsed, and there was yet no symptom of improvement. I then suggested to him to take a lodging, for awhile, conveniently near to my own residence, as I feared, the, to him, violent exercise of riding was the cause of his protracted recovery. He instantly complied; and having only to walk the distance of a street or two, and paying attention to his regimen, he had the good fortune, in the course of a few days, to be completely cured. This case will afford you an example of what is due to the maintenance of proper habits on the part of the patient, if a successful issue to his sufferings be desired. But I have already so often admonished you on this head, that it would be superfluous to waste more words upon it. The urine having often a tendency to generate lithic acid and various other injurious salts—but the lithic in particular—you should take care that every species of food and drink be abstained from, that is at all capable of promoting the generation of such salts. It will be well, moreover, to give a purgative every morning.

Having said thus much, I shall now proceed to explain the several methods of treating stricture:—first, the ordinary methods, for ordinary cases; secondly, the special ones, adapted for particular cases; and thirdly, where *fistula in perinæo*, and the other affections arising from stricture, exist.

In stricture (that is, where it exists in the membranous portion of the canal), the *cat-gut bougie* does not possess any considerable variety of application. It is seldom used, and that only when the plaister-bougie can neither be got sufficiently small, nor sufficiently firm, to answer the purpose required. The *elastic-gum bougie* has still *less* to recommend it. Indeed, I consider it not only useless, but even a pernicious instrument, since it is apt to hitch between important organs; it is liable, not unfrequently, to catch against the bulb of the urethra. The *plaister-bougie* is undoubtedly the best; and, generally speaking, infinitely superior to all that have been hitherto proposed. Having determined, then, on using the latter, you must, in the first place, select such a one as shall be proportioned to the volume of the stream. Being a little bent, you pass it into the urethra, directing the point of it upwards, so as to slide along the upper part of the canal. Keep it there for a few moments—ten minutes at a time are quite enough. A day or two after, pass another bougie of *larger size*; again a larger, and again a still larger one, until the urine passes in a full stream; taking care meanwhile that the patient live regularly, seeing that your most active efforts will be abortive, unless he continue to do so. Now, here is a great difference between stricture in the anterior part of the canal, and stricture in the membranous part of the urethra; namely, that whereas the former is mostly spasmodic, and is consequently relieved by merely taking off the spasm, the urine passing freely and naturally in a very short space of time, and then giving no more trouble; the latter, on the contrary, after the urethra has been dilated, after the urine has begun to flow, and after recovery is deemed to have been consummated, may, and in more cases than is imagined, does appear a second, and even a third time, in an aggravated form, and such as almost totally to defy the skill and experience of the practitioner. In other words, after a patient has conceived himself to be cured, and every symptom of the disease vanished, it is not an uncommon thing for him to suffer a relapse; and, in all probability, a relapse of far greater danger than his previous attack. From what does this arise? *From his not continuing at regular intervals to pass the instrument, notwithstanding the disease should seem to have disappeared.* It is the neglecting to do this which occasions so many obstinate cases of stricture. To pass it once, in two or three weeks, is enough; but it must never wholly be discontinued; it must never be thrown aside as useless during the life of the patient, if he desire to be freed from his troublesome affection. Let me, therefore, recommend to you, who are studying within the walls of this hospital, to give the benefit of the all-important caution I have just put forth, to every patient whom you may hereafter treat for stricture.

I have now to speak of metallic sounds—a class of instruments that have deservedly come into general use. These instruments should be constructed of silver—the smaller ones at least; the larger may be plated, for economy's sake. There was a man some time ago invented what he called a *flexible metallic bougie*. It has not, however, been found to answer. It was not flexible enough to be used as a *flexible bougie*, nor inflexible enough as an *inflexible bougie*: above all others, indeed, is it to be avoided, for its uncertainty. The metallic sound must not be too long, nor too much curved; and the use of it must be conducted on the same principle as the plaister bougie. It must not be forcibly pushed through the stricture. A little gentle pressure, once or twice repeated, is all that is required; but it must be continued for about ten minutes each time, until it enters the bladder. You cannot exercise too much care in performing this operation, for it is not impossible that by the least withdrawal of your attention, or by the merest accident, the instrument may tear a portion of the urethra; and, in that case, hæmorrhage, spasm, and other unpleasant consequences will follow. It is true that at times you cannot avoid cutting, or otherwise injuring a portion of the urethra with which you have nothing to do; but I only mean to say that you cannot be too guarded. And if the patient should say, "I have not time to-day; if the instrument be passed to-morrow, it will do"—you had best not heed his exhortation, but prevail upon him to consent to its being done at once. As with the plaister bougie, you will find it necessary to employ the metallic sound of several different sizes, gradually increasing it until the proper degree of dilatation be effected; and ultimately you should instruct him how to pass it without the aid of an assistant, and strictly enjoin him to continue it at stated periods. If, by any mischance, you should happen to puncture the urethra, or other part, you have only to cause the patient to lie quiet for a week, abstaining from operating until then. The metallic sound has many advantages. It is applicable to old cartilaginous strictures, in which the plaister bougie cannot be introduced, as well as to more sensitive ones. It is, moreover, the right instrument to be employed in cases which have been *bungled*; by which I mean, those cases in which the patient himself, by the rashness of his operations, makes a *false passage*. And here it is requisite you should know, that a false passage, in nine cases out of ten, extends even as far as between the rectum and the neck of the bladder—between the rectum and prostate gland. It may be thought that I am exaggerating when I say that it travels thus far in nine cases out of ten; but this observation is the result of my own experience. It is especially common in cases ill or unsuccessfully treated, as might, at once, be surmised. This false passage is generally formed below the stricture; and often, but not always, occasions a great deal of inconvenience to the patient; at times, indeed, it is a source of abominable pain. Nevertheless, with a little dexterity, the stricture may be easily got at. The instrument must be passed in such a manner as that the end of it may slide along the upper part of the canal. A word as to the silver catheter before I conclude. It is well to be provided with this instrument; and though there are those who affect to impugn its utility, it will often lead you to a correct diagnosis, and assist you to detect an error into which you will be but too

liable to fall. It will tell you whether the stricture has, in reality, been reached by the sound, when this point appears doubtful.

I must reserve the remainder of the subjects on which I proposed to enter until our next meeting.

REVIEWS.

On Habitual Constipation. By J. BURNE, M.D., &c. Pp. 257. Longman. 1840.

THE book we are about to notice is certainly an instance of the puff indirect, being more especially intended for general perusal, than as a purely scientific work. The first chapter presents a succinct view of the disposition, relation, organization, and function of the large intestines. The colon is regarded as a reservoir for the residue of alimentary matter which acquires the fœcal character merely by persistence therein. Dr. Burne deems the evacuation of the bowels once in twenty-four hours to be compatible with health, though that is even less frequent than is required in the order of nature. The second chapter consists of general remarks on the consequences of habitual constipation, of which the subjoined portion is a quotation :—

"If we contemplate the processes and changes which take place in our food during its passage through the alimentary canal, and compare the characters of the excrementitious matter voided in the ordinary course of nature with its characters when unduly retained, we shall experience no difficulty in coming to the conclusion, that much injury, not only to the bowel, but also to the constitution, must of necessity result from such retention. The excrementitious residue in its natural state is consistent, soft, homogeneous, and cohesive, but retained in the bowel it becomes hard, knotty, dry, and friable; changes produced by the absorbtion of its fluids, which being necessarily conveyed into the blood, adulterate and corrupt it. Hence an abundant source of impurity to blood. Feculent matter, even in its natural state, irritates the intestines if retained beyond the usual period, and how much more irritating is it when its characters have become altered as above. Irritation of the large intestines so induced, extends by sympathy to the liver and stomach, and by disturbing their functions impedes digestion. From impaired digestion there must proceed impure chyle, from impure chyle impure blood, and if impaired digestion, produced and prolonged by habitual constipation, should endure, not for months only, but for years, how can we wonder that the whole mass of blood should become corrupt, or that the solids derived from that blood should be corrupt also? How can we wonder that eruptions should disfigure the body, or that intractible or malignant diseases should break forth and shorten life? Can we hesitate, then, to believe that habitual constipation may be, and is, one frequent source of general disorder and local disease?"

Numerous cases are adduced in illustration of these views.

In the third and fourth chapters we have a more special exemplification of the influence of habitual constipation in exciting particular complaints—sick headache, &c. They also afford a special exemplification of an *ad captandum style of writing*. The fifth chapter is a strange contrast to the two preceding ones—it is scientific par excellence; the author mounts his stilts, but does not show off at all to advantage. He treats of diseases of the stomach as occasioned by habitual constipation, which, for our own part, we believe should be viewed more frequently as a concomitant than a cause. There is a laboured dissertation on pyrosis which we are told depends on a *pathological condition of the subserous and submucous cellular tissues with hypertrophy of the muscular tunic*. Such excessive minuteness savours not a little of affectation; it is like eating rice with a pin. We do not believe it to have foundation in nature, nor to be conducive to the interests of science. Learned pedantry and scientific foppery are the most disgusting of the promptings of egotism. Harken to our advice, Dr. Burne, and profit by it.—Eschew the coinage of words such as *ileon, pathanatomy, dynamic, adynamic*—forswear the manufacture of outré phraseology, such as "exonerating the bowels," "subacute-chronical pathological congestion"—lay aside such eccentric manœuvres as percussing the chest by the aid of a mallet and sounding-board, or listening to the thoracic sounds through the medium of an interminable flexible stethoscope, and then no one will be supposed to allude to you in saying that little things constitute the element in which little minds exist and exert their authority. But to resume our review. The sixth chapter treats of the influence of habitual constipation on the sexual organs, especially those of the female, and contains many just remarks. The Doctor diverges into a panegyric on the efficacy of ergot of rye in menorrhagia. He considers pain in the left side to have a peculiar relationship to morbid states of the genital organs: when it exists he invariably considers it to indicate leucorrhœa, uterine irritation, prolapsus uteri, or pregnancy, which is certainly rather a startling conclusion! Chapters seventh and eighth refer to diseases of the large intestines, as consequences of constipation. The diarrhœa depending on constipation, to which Dr. Warren, of Taunton, especially directed attention, is particularly mentioned: the purging depends on the irritation caused by the presence of a large quantity of feculent matter in the large intestines, by which copious mucous exudation is occasioned, but the muscular contraction is not sufficiently excited to effect the dislodgement of the irritating cause. Rigidity of the sphincter ani, which is often taken for stricture of the rectum, is commonly dependent on habitual constipation. The connexion of cutaneous diseases with constipation is very briefly treated. A portion of the labour bestowed on the subject of the pathology of the stomach would have had more chance of being employed with advantage. The tenth chapter constitutes in our opinion one of the best portions of the book. Professional and unprofessional individuals will alike be benefited by its perusal. The subject is inattention to the calls of nature, the causes of which are spoken of with much earnest good sense. Dr. Burne does not believe that inaction of the bowels ever depends on debility of the muscular tissue, which appears strange, seeing that intestinal contraction is necessarily essential to defœcation; and why should not the bowel be liable to debility in the same manner as any other muscular structure? In the eleventh chapter the remedial measures to be adopted in cases of constipation are taken into consideration. Dr. Burne very fairly deprecates the routine administration of cathartics, without any care as to their being adapted to the cases in which they are employed. How does it happen that no mention is made of the milder mercurials?—Does our author imagine there is no mercurial preparation in the Pharmacopeia but calomel? Small doses of blue pill will often produce the greatest benefit when the constipation is connected with hepatic inaction, where the administration of calomel will not be borne. We beg to recommend to Dr. Burne's notice the use of tobacco injections, in many of those obstinate cases of constipation to which the term enteritis is often applied: they are frequently of essential service in affording relief when every usual means have failed. The concluding chapter speaks of the influence of constipation in the diseases of India, and is chiefly an abstract from the work of Mr. Annesly.

Our task is now ended. We cannot speak of Dr. Burne's work as possessing many claims to originality; it is chiefly a judicious and useful compilation. It may be perused with advantage, and it will exercise a beneficial influence over the unprofessional reader. A large portion of the book is occupied with cases, which are 69 in number. We must now take leave of our author, and of his literary offspring, which we beg to christen 'A polite edition of Hamilton on Purgative Medicine.'

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 29th February, 1840:—

Epidemic, endemic, and contagious diseases	136
Diseases of the brain, nerves, and senses	163
Diseases of the lungs, and other organs of respiration	270
Diseases of the heart and blood-vessels	24
Diseases of the stomach, liver, and other organs of digestion	41
Diseases of the kidneys, &c	5
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c	1
Diseases of uncertain seat	128
Old age, or natural decay	95
Violent deaths	36
Causes not specified	2
Deaths from all causes	916

THE SANATORIUM.—On Friday last, March 6th, the much-talked of meeting to establish a Sanatorium took place at the London Tavern, when Dr. Southwood Smith, after elaborately reiterating his former arguments—may we not call them *sophistries*?—read certain resolutions, declaring that such an institution should be established forthwith, and appointing a provisional committee to prepare the necessary rules, which resolutions, as a matter of course, were severally passed. The meeting appeared to have been determined to suffer no opposition, for one gentleman—by name Acherley—who ventured to express his dissent, was ejected in the midst of his observations. They were thought to be too strong, and construed as offensive! A letter was read from the Council of the British Medical Association, condemning the undertaking on several grounds, especially on this, that it would be acting on the principle of *centralization*, and inimical to the general interests of the profession. But what care these sage and benevolent personages for the interests of a great public body like the medical profession? It should be noticed that there were but three or four medical men present, and that the greater proportion of the audience were ladies. Why will Dr. Smith persevere in a course to which, he must see, his professional brethren are opposed?

Mr. W. H. Good has been the successful candidate for the post of assistant-surgeon to the Lock Hospital. We were not unprepared for this: when the governors of an institution are corrupt and venal, it is easy enough for any Mawworm to creep in.

On Tuesday night the Navy Estimates were received by the House of Commons, including, among the other items, "£17,669 for medicines and medical stores."

CLINICAL LECTURE ON MALIGNANT DISEASES.

DELIVERED AT THE RICHMOND SURGICAL HOSPITAL, BY MR. CARMICHAEL.

GENTLEMEN,—Although I acknowledge that the use of iron as a medicine first suggested itself to my mind on theoretical grounds, yet the benefit which almost in every instance I observed to follow its exhibition, has satisfied me of the reasonableness of these views, and induced me to persevere in its use from the time I employed it to the present, a period of at least twenty-five years; and during that time I gave a trial to every new remedy which in succession was recommended by any respectable authority; but, after each experiment being fairly tried, I found myself coming back to the exhibition of the preparations of iron; which, although not containing anything of a narcotic quality, yet, in almost every instance, alleviated the characteristic lancinating pains. The precipitated carbonate of iron is perhaps as good a preparation for internal use as any other, and the best mode of exhibiting it is, in my opinion, at the moment of precipitation, for a knowledge of which I feel indebted to my friend Sir James Murray. The formula is to add to one drachm of the bi-carbonate of soda, dissolved in four ounces of spring water, a drachm of muriated tincture of iron. The draught to be taken during effervescence, and repeated thrice a-day. Although the quantity of carbonate of iron thus formed is not considerable, yet it is in such a state of minute subdivision, and combined with a solution of muriate of soda equally minute, (the saline most congenial to the system of red-blooded animals, as it renders the hematosine active and vivifying,) that I always found it to answer the object of a chalybeate thus given much better than the large doses of from one to two drachms of the carbonate of iron, that have of late been recommended, and which, I found, few stomachs could bear. If there is ulceration, it is very generally improved by the same medicine; and I have seen many instances of that form of malignant disease termed lupus, which attacks the face, perfectly cured by the conjoined use of the internal and external exhibition of this preparation of iron. I formerly thought the phosphate of iron possessed superior advantages to the carbonate administered internally; but I now think the carbonate given during precipitation answers every purpose of a chalybeate, without causing any derangement of the stomach. As an external application to cancerous ulcers, I have found the greatest advantage from the arseniate of iron; it causes but little pain, at the same time that it produces considerable sloughs of the carcinomatous substance. The cases in which we may look for a cure under its use are only those in which the disease is local, and the hardness of no great extent. Some cases of open cancer of the breast, cured under its use, combined with the internal exhibition of the carbonate or phosphate of iron, have been detailed in the second edition of my work upon cancer. But it is to be observed that the greater number of cases cured by these preparations have been situated on the lips, eyelids, and other parts of the face. When the disease is constitutional, or that the hardness is of great extent, medicine can only be expected to alleviate or retard the fatal progress of this malady; and in this point of view, I have been seldom disappointed with the preparations of iron.—I have given iodine largely for cancerous diseases, and can assert decidedly that it has no influence either in curing or alleviating their symptoms. It may cause absorption of the depositions in the immediate neighbourhood of a carcinomatous tumour, but it leaves this foreign substance itself unaltered. I have tried iodine in combination with iron—that is, the iodine of iron in doses from one to three grains thrice a-day; and although it did not cure, it appeared to be of use, by alleviating the lancinating pains, and by causing a diminution of the general swelling surrounding a carcinomatous tumour. I have lately tried a new chemical combination of arsenic, mercury, and iodine, invented and recommended by Mr. Donovan of this city. The instance in which it has been tried is at present in the hospital, a case of lupus, engaging the nose and palate, of many years' standing, and which has destroyed the greater part of the nose. He has been using this remedy but four weeks, and a most decisive change has taken place for the better; so much so, as to have surprised my confrères of this hospital on the last consultation day. The ulcer of the nose is now perfectly healed, while the patient himself is apparently much improved in constitution. It is given in the form of solution; and according to Mr. Donovan's communication in the 17th volume of the *Dublin Medical Journal*, the proportions are as follows:—

"Of this *liquor hydriodatis arsenici et hydrargyri*, each drachm measure consists of—Water, one drachm; Protoxide of arsenic, one-eighth of a grain; Protoxide of mercury, one-fourth of a grain; Iodine, (converted into hydriodic acid,) four-fifths of a grain.

"The colour of the solution is yellow, with a pale tinge of green: its taste is slightly styptic. It cannot be properly conjoined with tincture of opium, or with sulphate, muriate, or acetate of morphia; for all these produce immediate and copious precipitates in it. Hence, if opiates are to be used during the exhibition of this arsenico-mercurial liquor, they must be taken at different periods of the day. Tincture of ginger produces no bad effect. The following formula is proper:—R. Liquoris Hydriodatis Arsenici et Hydrargyri drachmas duas; Aquæ Distillatæ uncias tres cum semisse; Syrupi Zingiberis semunciam. Misce. Divide in haustus quatuor. Sumatur unus mane nocteque.

"Thus one-sixteenth of a grain of protoxide of arsenic, and one-fourth of a grain of protoxide of mercury, would be taken in each dose, along with two-fifths of a grain of iodine, which, being in the state of combined hydriodic acid, will be much diminished in energy of medical effect. This is, no doubt, the proper dose to begin the exhibition of arsenic with, but it will be very soon necessary to increase it. The division into draughts is here necessary; first, to insure accuracy of the dose, so essential in the case of this active medicine; and next, to prevent injury to the ingredients by the use of a metallic spoon as a measure—the general way in which, unfortunately, the dose of a medicine is determined."

I have been thus full in my account of this new remedy for diseases of a malignant character, to which class I am inclined to think lupus belongs, because I have every reason to believe, from the trial I have made of it, in this as well as in some other cases of a similar nature, that it will be found a most useful medicine. Arsenic has been highly extolled as a cure for cancer, so much so, that it is in general introduced as the chief ingredient in all the secret plaisters or applications for the disease; for instance, Plunket's plaister, which is a favourite remedy, known in all parts of Ireland. It occasions great pain, and swelling of the surrounding parts; but it also causes deep sloughs of the cancerous mass, and is certainly often successful, where this is of but little extent, in drawing out, as is the usual phrase, the cancer, together with its roots; but when the carcinomatous substance is of large size, even less than that of a pigeon's egg, I should deem it not only a most painful, but hazardous application. Arsenic, applied to any absorbing surface, may, with as much certainty, poison the patient, as if taken into the stomach. Therefore, great caution is necessary in its use; and the danger is so great, that it should never be applied, in any considerable quantity, to an extensive surface. Several instances of poisoning, from arsenical plaisters applied to extensive cancerous tumours and ulcers of the breast, have happened to come within my knowledge. There are cases, however, in which I think it is far preferable to the knife. I allude to cancerous ulcers of the face, or other parts, which succeed to malignant warts. The diseased structure indubitably extends, by shooting out into the neighbouring parts similar emanations to itself. No person can tell the extent to which they may proceed; and the knife too often only takes away the nucleus, and leaves these shoots behind, each of which becomes a distinct cancer, and the whole disease then proceeds with a frightful rapidity. Some years since, a melancholy instance of this kind came under my care. A cancerous wart was removed by one of the first surgeons of this city from the temple of a clergyman. In about two months the parotid gland was found to be affected with the same disease, and when he came under my care, I found the greater part of one side of his face destroyed by a malignant ulcer. Very lately, a distinguished officer, in the prime of life, called on me with the surgeon of his regiment. I found the parotid gland indurated with a deep malignant ulcer in its centre, pouring out large quantities of a fœtid ichor. On inquiry, I learned that about a year since, he consulted one of the most eminent surgeons in London, on account of a wart situated on the lobe of the ear. This gentleman recommended incision, which was performed at the moment, and the wound soon healed. The disease, however, made its appearance again on the same part some months afterwards, and the patient returned to the same distinguished surgeon, who then removed with the knife almost the entire lobe of the ear, the inefficacy of which I have already made known to you, and need not now obtrude any prognosis about the result. I do not adduce these instances as particularly remarkable. I might mention a great many others, but on account of the interest I felt for these two distinguished and intellectual men, they happen to be fresh on my memory. In such instances I should certainly prefer the application of arsenic to the use of the knife, as it causes a slough of the cancerous mass, far beyond its immediate contact with it, and thus, to a certain extent, destroys the emanations, or shoots, under consideration. To whatever part it is applied, the cuticle should be previously destroyed by caustic; and it is perhaps with this view that crowfoot, a very acrid vegetable, is an ingredient in Plunket's plaster. I, however, have been in the habit of using, in such cases, the arseniate of iron, as it excites much less pain, and when made into a paste, with gum or white of egg, can be applied to the cancerous surface, as it becomes exposed by the separation of each successive slough. It may be more tedious than the application of the oxide of arsenic, but I consider it not only less painful and less dangerous, but more certain of effecting a cure, than this poisonous application. The *chlorate of zinc* has been,

within the last few years, highly extolled as an escharotic for the cure of cancer. It has been brought into notice by Mr. Cross and Dr. Ure, and recommended by such respectable authorities. I gave it a trial in several instances; from which I have come to the conclusion respecting it, that though not so objectionable as the oxide of arsenic, on account of the poisonous nature of the latter, it excites just as much pain and inflammation, without destroying to the same extent the carcinomatous substance; I, therefore, do not feel any inclination to try it again. —Dr. Young, in 1816, proposed the system of treating cancer by compression, and I tried it on a considerable number of appropriate cases. What I call appropriate cases are those in which the neighbouring lymphatic glands are not affected, and in which the disease is not situated in large or full breasts, as it is necessary to compress the cancerous tumour against the ribs. I tried it in about a dozen cases, in two of which it was decidedly successful. These were instances of occult cancer of the breast. In both of these the characters of the disease were so decided, that two eminent surgeons of this city had recommended extirpation. They were both very meagre women, with small breasts, which enabled me in each to make direct and forcible pressure upon the cancerous mass. In doing so, besides the bandage and sheet-lead compresses, recommended by Dr. Young, I used a strong spring instrument, like a truss, which kept up a state of continued pressure upon the part affected. Others have also tried the effects of this remedy, but have made very opposite reports respecting it. Sir Charles Bell tried it in the cancer wards of the Middlesex Hospital, at the desire of the governors of that institution, and I understand reported that it was, in all instances, injurious, and only accelerated the progress of the disease. M. Recamier reports that out of eighty-four cases deemed curable, so large a proportion as thirty were perfectly cured. Now, although the latter statement is very encouraging, yet the process, by pressure, is so very tedious and distressing to the patient, (and not a little troublesome to the surgeon,) that I am not surprised it should have been nearly relinquished in practice. If the pressure is not made with great skill, patience, and constant attention, it is useless; and, on this account alone, where there is much distress occasioned to the patient, and trouble to the practitioner, it is a measure, though capable of success in a few appropriate cases, that will never be popular as a cure for cancer.—With respect to the narcotic tribe of remedies, such as conium, maculatum, belladonna, and hyoscyamus, I shall briefly observe, that although I have, perhaps, seen as much of this disease as any other man, I never saw a patient benefited by those medicines farther than their influence in mitigating pain, notwithstanding all that Baron Storck has said with respect to their efficacy. Opium, as a palliative, and anodyne, is vastly superior to any of them.

I shall now conclude my lectures on this subject, which have extended far beyond my original intentions, by saying a few words respecting operation. When I first entered into the profession it was deplorable the little discrimination that then existed in this city with respect to selection of cases fitted for operation. No matter whether a cancerous breast adhered to the pectoral muscle or ribs, or whether the axillary glands and those about the clavicle were diseased, or whether it might have a constitutional or a local origin—all, without mercy or distinction, were alike doomed to the knife. The consequence was, that many persons were hurried out of the world much sooner than they otherwise would, had they not been thus ignorantly intermeddled with. But the credit of the operation was, in some degree, preserved by another error—viz., scrofulous swellings being confounded with, and mistaken for, cancerous tumours, were successfully extirpated without any relapse. I have already mentioned Sir Everard Home's candid acknowledgment of this frequent mistake; but few have had the courage or candour to follow his example.—I need only briefly allude now to what I have said respecting the cases upon which alone I would permit operation. But upon this head, perhaps, it is better to speak negatively:—

1st. If the patient possesses that peculiarly pale countenance which shows a predisposition to the disease, and particularly if there is any reason to believe, on inquiry, that such predisposition is hereditary, I should decline to operate, no matter whether the axilla is free from disease or that the tumour does not adhere to the pectoral muscle.

2d. I should decline operation if there are any general or physical signs that the lungs are not sound, or that there is reason to suspect they are tuberculated.

3d. I should also decline operation if the axillary or other lymphatic glands in the neighbourhood of the tumour were hard and knotted, or that the breast was adherent to the parts underneath.

It follows from these objections against operation, that the field for it in cancerous complaints is, in my opinion, very limited. In fact I would confine it to those cases where either it arose distinctly from accident or in persons otherwise healthy in whom the neighbouring lymphatic glands are totally free from disease. If these exceptions to operation were attended to, we should not have those frequent acknowledgments of its want of success detailed by the most celebrated practitioners in Europe, such as Monro, Scarpa, Boyer, whose details agree that about one case in twenty only was successful; for as to the favourable reports of Hill, Nooth, Feron, and others, they are so contrary to general experience, that I do not place the slightest reliance on them, as I should conclude that the majority of the tumours removed by their operations were not of a cancerous nature.—If you should determine on operation, it is mercy to your patient to perform it extensively: thus if the tumour is in the mammary gland, we cannot tell however small it may be, but that the entire gland is engaged, therefore it will be necessary to remove it all: and as the fat and adipose membrane which surrounds this gland may also be affected, it will be necessary to remove as much of it as can be conveniently done. My mode of operation is this—to make two eliptical incisions from the axilla to the sternum, leaving the nipple and a portion of integument between both, and then dissect the superior flap upward for some distance till I reach the pectoral muscle. The breast is then easily separated from this muscle by a few strokes of the scalpel made in the direction of its fibres. When you have removed all connexion between the gland of the breast and the muscle, you may then complete your second eliptical incision made below the nipple by pursuing your dissection downwards, near to the skin, for a distance sufficient to remove all suspicious adipose membrane. Then by turning your knife towards the ribs, you meet your first incision, and the breast, by a dexterous operation, is, in this way, removed in a shorter time than I have taken to describe it. After the vessels are secured, it is the usual habit to close the wound immediately by adhesive plaister; but secondary hæmorrhage so often occurs after this operation, that I never close the wound for some hours, but leave an assistant to watch any that may arise, and by doing so, have often had occasion to congratulate myself with saving my patient from great pain, and myself from much embarrassment. With respect to extirpation of the uterus, or a portion of it, of which we have heard a great deal of late, I confess I am totally ignorant; as I do not think it to be a measure defensible on any principle; for it is impossible for the surgeon to ascertain by an examination, the extent to which the disease has proceeded before operation; and even if it could be ascertained the difficulty of any attempt to extirpate the portion of the uterus to which it is supposed the disease is limited, is so great, without injury to the bladder, urethra, rectum, or the danger of opening the cavity of the abdomen that nothing on earth would induce me to engage in so cruel and reprehensible an operation. I shall, therefore, say no more to you on a point upon which I acknowledge my ignorance.

Mr. Carmichael then led the pupils through the wards, in which were found a sufficient number of instances of cancer to illustrate the description he had given of its character and symptoms. An extensive ulcerated cancer of the breast, in a woman about 33 years of age, of a pale, sickly, care-worn countenance, particularly attracted attention. The entire breast, even to the clavicle, as well as the axillary glands, were engaged in the disease. The ulcer was extensive, deep, and with retroverted edges—the surface was of a pale reddish hue; on touching it with the finger or probe, it felt as hard as cartilage, totally unlike the soft, although firm feel which a healthy granulating surface affords. From this frightful chasm came a perpetual distillation of an offensive ichorous discharge, occasionally tinged with blood, which is so abundant as to require a constant change of folded linen to imbibe it. Mr. C. called the attention of the class to the hardness of the walls of this ulcer, to its retroverted edges, and to the fœtor of the discharge—all characteristic of this disease. The latter symptom so much so, that before inquiring from a patient the nature of her disease, the fœtor alluded to was so peculiar and characteristic, as often to afford him sufficinet information on the subject, and he had only to ask whether it was the breast or uterus that was engaged. This fœtor is attributed to the hepatised ammonia found in the discharge; but other secretions or discharges containing this principle, certainly do not possess the same peculiar fœtor, so that it must arise from some other cause not yet ascertained. The disease in this poor woman followed a severe blow she received on the breast, which sufficiently accounted for its appearance at so early a time of life—the usual period of its attacks being thus anticipated by about ten years.

[Mr. Carmichael has paid a well-deserved compliment to Mr. Gordon, the reporter of these Lectures for the Medical Press, for the manner in which they have been taken. We need not remind our readers of the great value of the observations of this first-rate surgeon.]

Books received for Review.

The Two Incompatibles, or the Coroner and the Member of Parliament. By Thomas Wakley, Knight of the Lancet—Head and Tail of the British Med. Ass., and dedicated to the Electors of Finsbury.

On Spinal Diseases, Accidental, Natural, and Unnatural, Anterior, Posterior, or Lateral. By Frederick Hale Thomson, Esq., of the Westminster Hospital.

A Collection of Cases Extraordinary, such as never have, can, or shall be heard of, collected by a Society of Physicians, Surgeons, Obstetricians, and Apothecaries, and intended for publication, in the Medical and Surgical Journal.

ADVERTISEMENTS.

Just published, 1 thick vol. 12mo., cloth, price 12s. 6d.

A MANUAL for the COLLEGE of SURGEONS.
By J. STROGALL, M.D., and Mr. W. HILLES.

This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

Extracts from Reviews.

"This is a most valuable epitome of anatomy, surgery, and physiology. No student should go up without consulting this work."—*Medical Miscellany.*

"The Manual above mentioned must be a great treasure to the student. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession with which he was familiar in the days of his youth."—*Monthly Magazine.*

"This book will undoubtedly help a man through the College, and, what is far greater praise, may teach him something afterwards."—*Medical Times.*

London: JOHN CHURCHILL, Princes-street, Soho.

Fifth Edition, greatly enlarged, price 3s. in cloth,

ON CATARACT; its Nature, Symptoms, and ordinary Modes of Treatment, with reference especially to the Restoration of Sight, by a peculiarly mild and successful operation, applicable to every variety and stage of the disease, at any period of life. Illustrated with Cases. By JOHN STEVENSON, Esq., M.R.C.S., Surgeon-Oculist and Aurist to his late Majesty; to other Members of the Royal Family, and to the King of the Belgians.

"This valuable publication affords satisfactory proofs that Cataract is at length stripped of its terrors, and placed under complete control by the simplified and eminently successful treatment devised and matured by the genius and industry of Mr. Stevenson." *Monthly Magazine.*

"The publication of this work will form an era in the annals of opthalmic surgery."—*Edinburgh Journal of Medical Science.*

"We are persuaded the period is not far distant when the prevalence of Mr. Stevenson's novel, scientific, and eminently successful method of removing cataract will become universal.—*Metropolitan Magazine.*

S. Highley, 32, Fleet street. Of whom may be had,

The Fifth Edition of the Author's work on DEAFNESS; its Causes, Prevention, and Cure. 3s., in cloth.

March 1, Part VI., price 1s. 6d., of

DR. RYAN'S COMPLETE ATLAS of MIDWIFERY, a Companion to all obstetric works, published monthly, and to be completed in 10 Parts, and 120 figures, with 360 or more 8vo. pages; each Part containing 32 pages and four beautifully executed plates, with 12 figures, being a Manual of Diseases of Women and Children, all nearly ready. The Work is most favourably eulogized in all civilized countries. 8vo. Part I., October 1839. Printed for the Author, as well as his other medical works, and published by H. Baillière, 21, Regent-street, London; J. B. Baillière, Rue d'Ecole de Medicine, Paris; T. O. Weigel, Leipsig; Carfrae and Son, Edinburgh; Hodges and Smith, Dublin; and all Booksellers.

This day is published, the Second Edition, 8vo, much enlarged, with Plates, Price 7s.,

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. By WILLIAM COULSON.

Contents.—On Urine—Irritability and Paralysis of the Bladder—Inflammation of the different Structures of the Bladder—Spasm of the Bladder—Urinary Calculi—Lithotomy and Lithotripsy—Wounds and Injuries—Fungus and Cancer of the Bladder—Acute Inflammation of the Prostate Gland—Chronic Enlargement of the Prostate Gland—Prostatic Calculi.

London: Longman, Orme, and Co.

TO CHEMISTS, DRUGGISTS, SURGEONS, &c.—Gentlemen commencing in either of the above Professions can be supplied with every necessary Fixtures and Fittings, New and Second-hand, at C. JOHNS' Medical Fixture Warehouse, No. 187, Drury-lane, one door from Great Queen-street.

N.B.—A modern and extensive Stock of Nests of Drawers, Counters, Shelving, Glass Cases, Desks, Glass Bottles of all kinds, Specie Jars, Counter Pots, &c. &c., always in Stock, and may be had at a few hours' notice.

Fixtures or Stocks valued, Estimates given, and Shops and Surgeries fitted up in Town and Country.

J. CROSS'S NEW AND ELEGANT SET OF MEDICAL LABELS, published 18, Holborn, opposite Furnival's Inn, London.—Every department of Engraving and Printing executed in a superior style.

TO SURGEONS, CHEMISTS, &c.

THE Attention of the PROFESSION is respectfully solicited to Messrs. HEWLETT and GODDARD'S MONTHLY PRICE CURRENT, for DRUGS, PHARMACEUTICAL PREPARATIONS, &c. The Vegetable Extracts, generally so variable in their Properties, are prepared by them at a low temperature, by a Steam Apparatus.

Apply (if by letter, post-paid) 68, Hatton-garden, London.

THE GRAPHIC AID will be found an invaluable auxiliary on the writing-tables of the LEGAL PROFESSION, NOBLEMEN, MEMBERS of PARLIAMENT, MERCHANTS, BANKERS, EDITORS, REPORTERS, WRITERS, and others, superseding the necessity of a portfolio, and possessing all the advantages of a file, the papers being firmly secured and detached from it with the greatest facility. "This is a very ingenious and useful contrivance, and is well adapted for retaining prescriptions."—*Medical Times.* "An article of recent invention has been submitted to our inspection which we do not hesitate to pronounce a very convenient and useful one. It is a copyholder, to which various springs are affixed, by which documents and papers are securely kept together, and any arrangement which may have been given to them is effectually protected from disturbance. It is portable, may be manufactured of any size, and is susceptible of any desired degree of elegance in material or decoration. The title given to it by the inventor is 'Sheath's Graphic Aid.'"—Morning Post. "So simple is this invention that we are struck by the general exclamation 'why has it not been invented before?' It is an admirable companion to the filter inkstand; nay, it is its superior, for it makes lit(t)erary men tidy—a hitherto utopian notion. It is portable and convenient, and is admirably adapted to the study and to the counter of the Banker. We thank Mr. Sheath for the valuable aid it affords us."—Freemason's Quarterly Rev. "Very simple, yet very useful, is this little companion to the writing-table, especially to those engaged in letter writing, &c.; the advantage of it is that the papers are firmly secured and detached with the greatest facility by means of a well-managed spring."—Blackwood's Lady's Mag. "This is the simple application of the spring, but therein consists its value and utility. It can never get deranged or out of repair, and it is out of the power of any accident, short of downright force, to disorder it. No Lady's boudoir should be without it for its beauty—no counting-house or office, public or private, should be without it for its utility. Its cheapness places it within the reach of every person, and forms the least advantage connected with it."—Dispatch. May be had of the Inventor, 28, Wilmington-square. Sold by Painter, 342, Strand; Laking, 48, Carson-street, May-fair; Stocken, 53, Quadrant, Regent-street; Smith, 192, Strand; Limbird, Mirror Office, 143, Strand; Mudie, 15, Coventry-street; and by all Booksellers, Stationers, &c. Price, in handsomely embossed cloth, 3s. and 5s. each.

RETREAT NEAR LEEDS FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR. HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict Attention is paid to the Medical, as well as Moral Treatment of the Individuals who are committed to his Care.

The Retreat is delightfully situated on rising Ground at the opening of Aire-Dale, little more than a mile from the Town of Leeds; the Situation is healthy, cheerful, and also sufficiently retired; the Gardens and Plantations are extensive; the Premises combine proper Accommodations for the Exercise and Amusement of the Patients; and the Apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a Plan of Treatment as may be necessary to restore the Functions of the Brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of weak Mind, or who may be subject to Fits of temporary Insanity—for whom confinement is necessary.* In recent Cases, a perfect and speedy Recovery may generally be expected.

Applications, either Personal, or by Letter, Postage free, addressed 26, East Parade, Leeds, will meet with immediate Attention, and have the most satisfactory References, if required, to Patients already discharged, or their Friends;——also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This Day is Published, in Royal 8vo., Dedicated, by Permission, to SIR BENJAMIN COLLINS BRODIE, BARONET, V.P.R.S., and CHARLES ASTON KEY, Esq., Senior Surgeon to Guy's Hospital.

PRACTICAL OBSERVATIONS on the CAUSES and TREATMENT of CURVATURES of the SPINE: With Hygienic Directions for the Physical Culture of Youth as a means of preventing the Disease;—an Etching and Description of an Apparatus for the Correction of the Deformity;—and Engravings illustrative of the Cases.

By SAMUEL HARE, Surgeon.

London: Simpkin, Marshal, & Co., and of all Booksellers.

* Mr. H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the Provisions of 2nd and 3rd of Wm. 4th, Chap. 109, Section 47.

OLD AND DAMAGED PAINTINGS RESTORED.
Established 1792.

C. J. ECKFORD, 45, FLEET STREET, CLEANS and RESTORES OLD PAINTINGS, if in the most dilapidated condition, to their original perfection.

The art of restoring gold and damaged Paintings, although professed by many, if exercised without the greatest practical skill and professional judgment, is calculated to destroy, rather than restore, the beauty of the original.

C. J. E. begs to refer those Gentlemen who may favour him with their commands, to the HONOURABLE CORPORATION of the CITY of LONDON, WORSHIPFUL COMPANIES of the GOLDSMITHS, STATIONERS, and WEAVERS, also to ST. BARTHOLOMEW'S, BRIDEWELL, and BETHLEM HOSPITALS, SION COLLEGE, &c. &c., whose Collections he has had the honour of Cleaning and Restoring. References can be given to the Proprietors of several Private Collections, whom he has given the greatest satisfaction to. Specimens may be seen.

C. J. ECKFORD, also solicits the attention of the Public to his old established manufactory for CHEAP, PLAIN, AND ORNAMENTAL PICTURE FRAMES, manufactured in a superior manner, and gilt with the best Gold.

Rich ornamented Frames at the following reduced scale of prices:—

50 by 40 in	7 inch-mas ding	20s.	21 by 17 in	4 inch moulding	21s.
36 by 28 do	6 inch	ditto	18s.	18 by 14	ditto	ditto	16s.
30 by 25 do	5 inch	ditto	30s.	16 by 12	ditto	ditto	14s.
24 by 20 do	5 inch	ditto	25s.	14 by 12	ditto	ditto	11s.
24 by 18 do	5 inch	ditto	25s.	12 by 10	ditto	ditto	12s.

Diplomas and Certificates Handsomely Framed and Glazed.

Large and small Miniature Frames, at proportionate prices.

Old Frames re-gilt, and made to look equal to new.

Orders from the country punctually attended to.

N.B. Observe the Address, 45, FLEET STREET, corner of Mitre Court, near the Temple, opposite Fetter Lane.

Established 1792.

ORIGINAL MEDICAL GLASS AND FIXTURE WAREHOUSE.

ANSELL and HAWKE, of No. 8, Great Queen Street, Lincoln's Inn Fields, beg to inform Gentlemen commencing or altering in the above Profession, that they have a large assortment of Drawers, Bottles, Jars, and every requisite for completing Shops or Surgeries, on the most moderate terms. Most satisfactory references can be given as to style and quality. Plans and Estimates furnished, free of expense.

JAMES'S FEVER POWDER, PREPARED by J. L. KIDDLE, No. 34, Red Lion-street, Holborn. J. L. K. begs to inform his Medical Friends and the Public, that he continues to Prepare the above Powder in the same manner he has made and supplied it to Mr. R. G. G. James for many years past. To be had of Mr. Kiddle at his residence, and of the following Agents: Mr. Gifford, 104, Strand; Mr. Dear, 89, Bishopsgate-street Within; Messrs. Evans and Son, Exeter; Mr. Watson, 36, Byron-street, Liverpool; Messrs. Hulse and Co., 37, Leadenhall-street; Messrs. Butler and Co., Covent-garden Market.

Wholesale Agents: Messrs. Drew, Heyward, and Co., 21, Great Trinity-lane, Bread-street.

It is sold in ounce bottles at 4s. 6d. each, and contains exactly the same quantity as sold by other houses at 21s.; and packets containing four papers, at 3s. 9d. each.

A BOX to hold Miscellaneous MUSIC, elegantly bound, for 5s. 6d. ENVELOPES from the best paper, and well made, from 1s. the 100. ENVELOPE CASES in great variety, plain and illuminated, from 6s. each. BLOTTING BOOKS, from 1s. An extensive Assortment of ALBUMS, in plain and elegant bindings. WRITING PAPERS, plain and gilt, 4d., 6d., 8d., 10d., and 1s. the quire. NOTE PAPERS at 3d., 4d., and 6d. the quire, at LIMBIRD'S STATIONERY and MUSIC WAREHOUSE, 143, STRAND, opposite Catherine-street, near Somerset House.

THE MEDICAL TIMES.

TO ADVERTISERS.

THE Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secures a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. THE PERMANENCY DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

Empowered under the several Acts of Parliament of 14th George 3rd, c. 48; 22nd Geo. 3rd.; 53rd Geo. 3rd, c. 141; 3rd Geo. 4th, c. 92; and 1st Vic. cap. 10.

INDEPENDENT WEST MIDDLESEX ASSURANCE COMPANY, opposite the Bazaar, Baker Street, Portman Square, London; South St. David's Street, Edinburgh; Ingram Street, Glasgow; and Sackville Street, Dublin.

MANAGERS.

Jas. Alexander, Esq.	J. D. Hassler, Esq.	Wm. R. Taylor, Esq.
Samuel Eyre, Esq.	Thos. Knowles, Esq.	John Wilson, Esq.
Robt. Ferguson, Esq.	H. R. Perkins, Esq.	Wm. Whitmarsh, Esq.
Thomas Hope, Esq.	Thomas Price, Esq.	Geo. Williams, Esq.

IMMEDIATE BENEFITS OFFERED TO THE PUBLIC.

LIFE and FIRE INSURANCE RATES reduced 30 per Cent. per Annum Lower than any other Office.

LIFE ANNUITY RATES, calculated on Equitable Principles!!!

FOR EXAMPLE.—For every 100*l.* deposited, this Association will grant the Annuity placed opposite the Age of the party depositing as From 50*l.* and upwards, in proportion.

AGE												
30 to 40	to	45	to	50	to	55	to	60	to	65	to	70 to 75 to 80
Pr. Ct.	5*l.*	6*l.*	10s.	7*l.*		7*l.* 10s.		8*l.* 10s.		10*l.* 10s.		12*l.* 15s. | 13*l.* 10s. | 20*l.* | 25*l.*

LIFE ASSURANCE RATES.

Age	20	to	25	to	30	to	35	to	40	to	45	to	50
Premium.	1*l.* 11s.		1*l.* 15s.		2*l.*		2*l.* 6s.		2*l.* 10s.		2*l.* 15s.		3*l.* 5s

This Company make no Charges for intermediate Ages under 50 Years

FIRE INSURANCE RATES.—COMMON INSURANCE.

Private Houses and Shops (not hazardous)....	1s. 6d. per Cent.
Hazardous	2s. 6d.
Double Hazardous	3s. 6d.
Farming Stock	1s. 6d.

Secretary—G. R. WILLIAMS.

COMFORT WITHOUT RISK.—The attention of Medical Gentlemen is invited to BERDOE'S NEW WATERPROOF FROCK, as a Garment especially adapted to their use. It does not confine Perspiration, has no Singular or Uncouth Appearance, but is Gentlemanly, Light, and Warm; a convenient Substitute for a Great Coat, enabling the Wearer, after Exposure to the most Drenching Rain, to enter the Apartment of the Sick, perfectly dry and free from dampness, and is also a valuable Protection from the effects of Sudden Exposure, from a Heated to a Cold and Damp Atmosphere, or the Pitiless Storm. W. B. has already supplied many of the most eminent of the Medical Profession, who express their entire approval of the Garment, and which only requires to be known to be generally adopted. Made only by W. Berdoe, by whom the New Ventilating Waterproof was first introduced, which renders all garments made of Woollen Cloth, &c., thoroughly impervious to Rain, yet does not confine Perspiration, or impart any objectional property whatever.

WALTER BERDOE, Tailor, 69, Cornhill (North Side). Private Trade, First Floor.

BURCH'S IRISH LINEN, SHIRT, AND OUTFITTING WAREHOUSE, Established 1806. An extensive Stock of IRISH LINEN, SHEETING, AND TABLE LINEN, in any quantity, warranted for durability and without any mixture of cotton, at the lowest possible prices. Shirts made to order in the newest fashion, so as to ensure a good fit; every quality kept ready for immediate use. Hosiery of every description. Ladies' and Children's ready-made Linen. Orders taken by females. Outfits executed with promptitude and economy. Stocks in great variety at very low prices.

Welch Flannels and Long Cloths of the best fabrics.

Avis aux étrangers: Tous les articles sont de la première qualité et à des prix fixes.

35, GREAT RUSSELL STREET, BLOOMSBURY, LONDON.

CRICKETS'S DILUTED GAS APPARATUS requires only a Jet of Coal Gas to produce an INTENSE HEAT, which can be used without any Chimney, for heating Chemists' Macerating Plates, Spatulas, Medicated Vapour Baths, Portable Stills, Bookbinders' Tools, Printers' Plates, Laundresses and Tailors' Irons, Portable Pastry Ovens, Stewing Pots, Publicans' Grog Water Boilers, Beer Mullers, &c. &c.

To be seen in operation at C. RICKETS'S Manufactory for PATENT CALORIFERE GAS STOVES, for warming Shops, Halls, Rooms, Cellars, &c., without any Chimney.

5, Agar-street, West Strand.

LONDON-MADE METALLIC PENS.

T. K. CLAY has, for many years, manufactured the above Articles, by appointment, for the Bank of England, East India House, and many other public offices, which, by the various improvements he has introduced, are rendered superior to the quill in flexibility and softness, while, for durability and economy, they surpass all others hitherto invented. Sold by all Stationers, &c., and at the Manufactory, 90½, Holborn-hill, London.

CLAY'S RAVEN PEN, by an entirely new preparation of the Metal of which this Pen is manufactured, corrosion is effectually prevented, while the Ink flows to the paper with peculiar facility.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variation of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 30 per cent. under the usual charges. An allowance so Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.

WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2s. and 3s. 6d. each; upon the express condition that should any quantity thereafter purchased of us at 18s. per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price Lists of the various kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.

HENRY BRETT and CO., Old Furnival's Inn, Holborn.

*** Gentlemen of the Medical Profession, who patronize our Brandy, are allowed a Discount of 1s. per gallon.

London: Printed by SIDNEY SMITH, Printer, of 10, Wellington-street North, in the Parish of St. Paul, Covent Garden, Westminster, County of Middlesex; and Published by him at the Office, 10, Wellington-street North, Strand.—March 14, 1840.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 26. Vol. 1. LONDON, SATURDAY, MARCH 21, 1840. PRICE THREEPENCE. Stamped Edition, 4d.

For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 6s. 6d.; Half-Year, 13s. 0d.; Year, 17s. 4d.

[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

THOMAS JOSEPH PETTIGREW.—NO. II.

With his diploma in his hand, Surgeon Pettigrew in 1812, as was very natural, began to turn his attention to private practice, but nothing is recorded of the success which attended this very laudible project. It appears that a "rapacity for books," which took possession of him, did not let him rest day or night; and had it not been that he was now a member of the Medical Society four years, and consequently had free use of the huge library attached to it, there is no knowing to what fatal consequences this rapacity might have led him. As it occurred it was the cause of a very "important act," on the part of the "unlettered" Mr. Taunton, who, having a good deal of interest amongst those members of the Medical Society, whose literary researches were on a par with his own, succeeded in electing our hero as one of the secretaries, to the exclusion of Dr. Birkbeck. This much being accomplished, and Pettigrew being anxious "literally to live among books," succeeded in ousting the registrar of the Society, and getting himself appointed in his stead, "for the mere consideration of living in the house of the Society," a consideration, by-the-by, of the value of lodging, coals, and candles, being of some importance to a young man without any of those comforts. On Nov. 1, 1815, his friend, Dr. Lettsom, died, and Pettigrew delivered an eulogy on the Doctor's "character," at the Philosophical Society of London, an institution which appears to have owed its origin to the combined exertions of our autobiographer and Mr. John Tatum, who is thus described:—"He was a mechanic, a manufacturer of silver tablespoons and forks, and quite *unlettered*." Pettigrew appears to have altogether *cut* Tatum, for he is not certain whether he is "now living." We next find the aspiring youth, according to the memoir, as secretary to the Royal Humane Society, where a row having occurred, off he marches with several distinguished persons, the Dukes of Kent and Sussex, &c. "I *resigned* my office in 1820."—Before this it fortunately happened that the Emperor of Russia visited this country, and his Imperial Majesty having condescended to accept the gold medal of the Royal Humane Society, Pettigrew was appointed to draw up the address. Here another misfortune occurred to him, for after his bestowing great labour on the production, a sub-committee was appointed for its revision—all, it is to be presumed, "unlettered" men; for so "horribly mutilated by the *various* alterations made" was the effusion, that its author could not readily recognise it as his own. His Royal Highness the Duke of Kent had "the phenomena of aspiration" explained by our autobiographer so fully to his Royal Highness's satisfaction, that it led to an intimate connexion between both parties; and "her present Majesty being in a fit state for inoculation" about the same time, Pettigrew was again in luck's way, and performed the operation. "I attended at Kensington Palace, and there vaccinated her present Majesty, to the entire satisfaction of her illustrious parents." Soon after this important operation, His Royal Highness unfortunately died; but it fortunately happened for Thomas Joseph, that before this sad event he managed to get introduced to the Duke of Sussex. During our autobiographer's intimacy with his "princely patrons," it was suggested to him that the air of Spring Gardens would be more salubrious for *practice* than the smoky atmosphere of Fleet-street; and viewing in a proper light the correctness of this opinion, Pettigrew's "rapacity" for books of the Medical Society was soon subdued, and off bolted "the resident registrar" from Bolt Court. Things now looked up, and the Duke of Sussex had a very large library of 40,000 volumes, all in the most blessed state of irregularity and confusion. Symptoms of Pettigrew's old complaint began to evince themselves, and the "rapacity" returned in a much severer form. He managed, however, to get over this second attack by getting himself made librarian to the Royal Duke, &c. &c., who cut him at the end of fifteen years, although "communications of the most confidential nature" had passed between them. In the year 1816 Pettigrew assisted to form a dispensary for the treatment of the diseases of children, and got himself appointed the senior-surgeon. He cut this institution three years afterwards. On his removal to Spring Gardens in 1819, he was elected surgeon to the Asylum for Female Orphans, and, at the solicitation of Dr. Golding, of St. Martin's Lane, connected himself with the Royal West London Infirmary—now known as the Charing-Cross Hospital. In this institution row after row appears to have taken place, until, at length, Pettigrew and his "excellent friend and colleague, Dr. Sigmond," were both ejected without ceremony from the positions they held in the hospital as surgeon and physician. Although it is omitted in the autobiography, it is right to notice that the above offices were of no inconsiderable value in a pecuniary point of view, as just before the ejection of Pettigrew and Sigmond, the former received £500 from Mr. Howship, for getting him appointed as one of the surgeons—a situation which the latter still enjoys. It would not interest our readers to follow the subject of the memoir before us in his researches amongst mummies—his abortive efforts to attract the notice of Lord John Russell, by interfering with the Poor-Law Commissioners, and afterwards by pamphleteering—his rows at the Royal Society, and his late proceedings in this place, by which he succeeded in getting Surgeon Howship black-balled—or the fulsome manner in which he introduces to public notice the members of his family circle—a proceeding which any one with the slightest delicacy for the privacy of a family hearth would have shrunk from. On all these, but particularly on the latter, we shall throw a veil, and here conclude our notice of this ordinary member of society, who would, by his own medical portrait, make us believe he had accomplished more than all the other members of the profession collectively, and had a most unintelligible disregard for making money in an ordinary way.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

GONORRHŒA—QUESTION OF ITS IDENTITY WITH SYPHILIS—ITS HISTORY AND TREATMENT—GONORRHŒAL RHEUMATISM.

The disease, gentlemen, which bears the technical name of gonorrhœa, and which common mortals call *clap*, is an inflammation of the mucous membrane of the urethra, attended with puriform discharge, which discharge unluckily possesses infectious properties—that is, it is capable of communicating the disease to the mucous membrane of the urethra or vagina of a healthy person, when brought in contact with it. Thus gonorrhœa is an infectious disease; and it is usually conveyed from one individual to another by sexual intercourse, but not necessarily so. If you consider the etymological construction of the term gonorrhœa, it might lead you to a somewhat erroneous opinion with respect to the nature of the affection, more particularly as to the discharge which is produced. Gonorrhœa, which is derived from the Greek, is equivalent to the latin words *fluxus seminis*, that is, discharge or flow of seminal fluid. Now, I need hardly perhaps acquaint you, that the discharge which takes place from the urethra in gonorrhœa is not of that nature—that it is an increase, with alteration in the quality, of the natural mucous secretion of the part—an increase and alteration in quality consequent on the state of inflammation in the membrane. In order to give a more significant name, some foreign writers have proposed to call it *blennorrhœa*, which merely means, excessive flow of mucous fluid; however, the term gonorrhœa is one so generally received, and the meaning of which is so well known, that we need not attempt to look for any other. I had occasion to speak to you, in describing syphilis, of what is called the *poison* or *virus* that produces the disease; and in the same way we recognise the existence of a poison or virus in gonorrhœa. A question has arisen whether these two diseases, that is, syphilis and gonorrhœa, are produced by one and the same poison, or whether they owe their origin to different poisons? I mentioned to you, that we know nothing of the venereal virus or poison, considered in the abstract, and we know as little of that of gonorrhœa,—that is, we do not know what is the particular ingredient or quality in gonorrhœal discharge, or in the secretion from a syphilitic sore, that is capable of producing the disease in another person when applied to certain parts; we only know that a certain fluid, called gonorrhœal discharge, and the secretion of syphilitic sores, will produce such affections. We are acquainted, therefore, not with the poison in the abstract, but with the poisonous or infectious secretions, as manifested by their effects. The question, then, respecting the identity or diversity of these two poisons, seems to me to come to this—whether two things, both of which are entirely unknown to us, be the same, or whether they be different? It is very difficult to answer a question of that kind. We may perhaps make the question more clear, and more susceptible of an answer, if we put it in this form—whether gonorrhœal discharge be capable of producing syphilis; and whether the secretion of a syphilitic sore be capable of producing gonorrhœa? In this way it is reduced to a question of fact, which we should suppose might be tolerably easily answered. Now, if we see two effects that are perfectly like each other, we may naturally infer that the causes that produced them are similar or identical. On the other hand, if we see effects totally dissimilar, we can have no hesitation in saying they arise from dissimilar causes. How does the case stand, then, in respect to the present

question? Syphilis consists of ulcers, followed by a train of morbid appearances in various parts of the body, occupying a long time, sometimes several years; gonorrhœa consists in inflammation of the mucous surface of the urethra or vagina, going through a certain course, coming to a natural end, affecting the parts immediately concerned, and not in general attended with further influence on the constitution. These two diseases seem totally unlike each other; and the natural inference that presents itself to my mind from contemplating the diseases in this view would be, that they owe their origin to causes essentially different.

Those persons who believe that syphilis first arose about the time of the discovery of America, or the invasion of Naples, are still of opinion that gonorrhœa existed before that time, and that it was an old disease. We should naturally suppose that persons who held that opinion, would think that gonorrhœa depended upon a poison different in its nature from that of syphilis; for if gonorrhœa existed from more ancient times, how does it happen, supposing the poison that produced it to be the same as that which produced syphilis—how does it happen, I say, that syphilis has not existed as long as gonorrhœa? The belief in the identity of the poisons seems to me incompatible with the idea that gonorrhœa is an ancient affection, and that syphilis is one of recent date. However, it does happen that persons who believe in the more recent origin of syphilis, are still of opinion that the poison producing the two diseases is the same. This was the case with Mr. Hunter. He was a great advocate for the identity of the poisons of gonorrhœa and syphilis; in fact, he says the two poisons are the same, and that the difference in the two diseases arises merely from the differences in the texture of the parts to which the poison is applied—that is, if the poison be applied to a mucous surface, such as the urethra or vagina, then it causes gonorrhœa; if it be applied to a surface covered by a cuticle, then it produces syphilis—primary syphilitic sores. But if this were the only difference in the two cases, it appears to me, in the first place, that we should expect to find females labouring almost invariably under gonorrhœa, and very seldom under syphilis, because in them the poison is applied to the surface of the vagina. It may be applied to some of the external parts of the genital organs, but not necessarily so. However, in the female the poison is necessarily applied to the surface of the vagina; and we ought, therefore, if the poison be the same, to have gonorrhœa constantly produced; but we do not find that gonorrhœa exists in a greater proportion in females than syphilis. Then, on the other hand, we should expect to find that syphilis would be found much oftener in men than gonorrhœa, because the poison is applied in them to the external surface of the penis, or prepuce, or glans; and it seems rather difficult to account at all for the introduction of the poison into the male urethra, yet gonorrhœa occurs very frequently in males. To settle the question of the two poisons being identical, we ought to find gonorrhœa and syphilis co-existing together, because in the majority of instances we may suppose that the poison has been applied, especially in females, both to a secreting and non-secreting surface. Now, we do sometimes find that gonorrhœa and syphilis exist together, but their co-existence is comparatively rare.—Mr. Hunter attempted to bring this opinion to the test of direct experiment, and introduced by puncture with a lancet the matter of gonorrhœa into the glans penis and prepuce. He has given a long account of his experiment, the result of which was chancre in the part, sore throat, nodes, and so forth. If this experiment were to be admitted, it would be decisive of the question, as it would unequivocally prove the production of syphilis from the introduction of gonorrhœa into a wound. For my own part, however, I can only say, that in the narrative there are so many inconsistencies, that, in spite of the high authority of Mr. Hunter, I must withhold my belief; and I am in some measure encouraged in this by the fact, that attempts have been made to produce primary syphilitic ores from gonorrhœal matter, and to produce gonorrhœa from the discharge of syphilitic sores, which attempts have totally failed. The general result of the observations that I have made leads me to the opinion that gonorrhœa and syphilis are *essentially distinct* in their nature; that the poison that produces the two must be different, and that there is a much greater difference between the two affections than can be accounted for simply by any difference in the textures of the parts in which they are seated. I consider them as totally and essentially different in their nature, and cannot doubt but that the causes which produce them must be equally different.

A certain interval of time elapses between the application of the infection and the occurrence of gonorrhœa—a few days. Gonorrhœa generally takes place sooner after infection than chancre, but it may be protracted for two or three weeks. In the first place a slight degree of heat and uneasiness is experienced about the orifice of the urethra; the margin of the opening swells and becomes red, that is, the lips of the urethra become tumid and red, and then very quickly the discharge shows itself. A thin yellowish fluid issues from the urethra, increases in quantity, and becomes thick and yellow, sometimes having a greenish appearance. The pain and uneasiness increase in proportion as the discharge increases. Together with these symptoms, you find that a very unpleasant sensation is experienced in making water. The passage of the urine over the inflamed surface of the urethra produces a sense of burning and scalding, technically called *ardor urinæ*—a sense of heat in making water; after which the increased secretion flows very copiously from the urethra. The symptoms increase to a certain extent in violence, and last for a certain time; they then begin to decrease, the pain subsides, the discharge diminishes in quantity, and continues to decrease till it goes away altogether; and thus gonorrhœa, if left to itself, will pursue a certain course, and disappear entirely, this process occupying a space of perhaps four, five, or six weeks. Sometimes, instead of disappearing entirely, the discharge diminishes in quantity, becomes thick, has a less bright yellow colour, and sometimes even becomes colourless. The scalding in making water is lost, and nothing remains except this increased secretion. In that state the complaint may last for a great length of time—weeks, months, or even years; and it is then technically called *gleet*.—But persons who catch a clap do not always get off quite so easily as this: what I have described is a sort of gentle clap, where the symptoms are mild—a sort of middling case. Frequently, however, the inflammation is very considerable; the glans penis swells and becomes of a bright colour; the lips of the urethra are particularly tumid and red; the prepuce swells, becomes œdematous, and passes into a state of phimosis, while, at the same time, the inflammation extends along the whole length of the urethra to the bladder. In the milder case that I have been mentioning, it is found by examination that the inflammation of the urethra does not reach further than about one inch and a half, or two inches from the orifice, and Mr. Hunter calls this the "specific distance." He seems to have an idea that in the infectious disease, properly called clap, the inflammation usually does not reach beyond the point I have mentioned. However, the inflammation by no means observes this boundary in all cases; it often goes beyond what Mr. Hunter has described, runs along the urethra, and extends to the bladder; and, indeed, the mucous membrane of that viscus is sometimes involved in the inflammation. In these cases there is violent pain of the urethra; this runs along to the perineum, and is felt severely about the anterior region of the bladder. The patient also experiences painful erections, caused by the irritation to which the penis is subject. They are repeated frequently, and give rise to excessive pain. This is a symptom usually experienced in clap to a greater or less extent. The violence of the inflammation is sometimes attended with an effusion of coagulable lymph, either in the interior of the corpus cavernosum or the corpus spongiosum urethræ. Owing to this, when the penis is erected, it becomes curved in an unnatural direction, a circumstance which has given rise to the term *chordee*, as if the part were confined by a cord or string.—In another form of this affection—when the inflammation extends to the bladder, the patient is tormented by an incessant desire to void his urine; and the act of doing this is excessively painful; the ardor urinæ is increased to an almost unbearable degree under such circumstances; and inasmuch as the mucous lining of the urethra is swollen, from the violence of congestion in all the vessels, the canal is diminished in its calibre, so that the urine comes out slowly, and of course the pain in discharging it is proportionately augmented. At length this difficulty in the discharge of the urine sometimes proceeds to such an extent that it comes away by drops, or it may even proceed to complete retention of urine. It also happens occasionally that some of the over-distended vessels of the membrane give way, and blood escapes. This is a very favourable occurrence, because it tends to relieve the turgid vessels of the inflamed membrane. Such are the circumstances that characterize clap in the worst form. When the inflammation occupies the whole of the urethra, when it affects the prostate and bladder, there is perhaps hardly a more painful disease, or one altogether of greater suffering while it lasts, than a case of gonorrhœa which extends in this way. Then other cases again are particularly mild; they trouble the patient with very little pain, and there is only a little uneasiness in voiding the urine.

We next come to speak of the TREATMENT—how to cure the clap. It would be an interesting discovery indeed if any one could find a speedy and effectual mode of accomplishing this object;—medical, and all students who feel greatly interested in the subject, would immortalize his name; and the nymphs in the Strand and Fleet Street would no doubt erect a statue to his memory. I believe, however, that there is no speedy mode of accomplishing a cure; and that we are not able to diminish very much that kind of moral lesson which this suffering is calculated to convey. The treatment of the clap may be considered either as *rational* or *empirical*.

When we proceed to treat it *rationally*—according to principle, we regard it as an inflammatory complaint, and employ antiphlogistic treatment, suited in activity to the symptoms. In some of the bad cases that I have mentioned, it may be necessary to take blood from the arm, and from the loins or perineum, by cupping or leeches, and then to administer purgative medicines, followed by sudorifics, such as salines, with antimony. The patient must be kept at rest in the recumbent position, and put on low diet; and, in fact, subjected to a pretty rigorous antiphlogistic plan. After cleansing the bowels actively, the liq. antimonii acetatis, with nitre—nitre with supertartrate of potash, or these different medicines combined with antimony, in pretty considerable doses, may be administered. Mucilaginous drinks should be freely taken, to dilute the urine and render it less stimulating to the urethra, such as barley-water, linseed-tea, gruel, and gumarabic water. Alkaline remedies are found capable of assisting in this object, particularly liq. potassæ, which may be given in the drinks that I have mentioned; and perhaps the best way to relieve the scalding is to give a moderate dose, about ten drops, each time after the patient makes water. If you merely give it at distant intervals the effect on the urine is lost, but if you give it regularly, immediately after making water, it will have an effect on the secretion before the next time the patient wants to pass his water. If considerable pain remains about the urethra and bladder, after you have adopted pretty active means, you will find it advantageous to put the patient in a warm-bath—the hip-bath, and to administer Dover's powder, opium, or hyoscyamus, in a full dose. When the sensation about the bladder and urethra continues, and is very troublesome, you relieve it by active antiphlogistic means, and by the administration of opium, in the form of an injection. In the milder cases of gonorrhœa you adopt a gentler kind of antiphlogistic treatment: you empty the bowels, keep the patient quiet, put him on low diet, give him nitre with supertartrate of potash, and mucilaginous demulcent drinks. In a state of high inflammation of the penis, patients experience relief from the application of cold, and frequently bathing the part. Sometimes they fancy they derive more benefit from the application

of warm fomentations, or poultices, or steeping the penis in warm water.

Attempts have been made to cut short the disease in the urethra by means of local applications to the inflamed membrane in the form of injection; and, in fact, these applications make a considerable figure in treatises upon the subject. Injections are divided into some three or four classes; thus we have emollient, sedative, astringent, and stimulating injections. Various mucilaginous and narcotic substances, such as opium, have been recommended, under the idea of soothing and relieving the pain; that is, supposing them to act as emollients or sedatives. I believe we can do no good in this way by injection. So far as my knowledge goes, no benefit is derived by the individual from such injections, whether emollient, sedative, or narcotic; and we will, therefore, leave these out of the question.—As to stimulating injections, I do not suppose than any inflamed mucous membrane can be benefited by such means, but I have not had much experience of this mode of treatment. We come next to the consideration of astringents. It has been proposed, and extensively acted upon, to inject pretty strong solutions of astringent substances into the urethra in the early stages of the affection, with a view of stopping the discharge, and cutting short the disease. A solution of nitrate of silver has been employed for this purpose, in the proportion of ten grains to the ounce. It is said, that if this be thrown into the urethra at an early period, it will stop the affection. I may observe, with respect to astringent injections generally, that you do not want to apply them further in the urethra than what Mr. Hunter has called the specific distance; and, by pressure with the finger on the outside of the urethra, you prevent the fluid you throw in from passing further than this. I have not myself tried this mode of injecting a strong solution of nitrate of silver, with a view to stop the disease in its origin, and therefore I can give no positive opinion about it: I can only say, that it has been tried frequently in the army, and it is generally represented as effectual and safe by those who have used it. In most instances where we use injections, it is after having lessened the inflammation, and more violent symptoms, by the antiphlogistic means that we have already described as adapted to this purpose. We employ astringents in a milder form, as sulphate of zinc, sulphate of copper, nitrate of silver, the corrosive sublimate of mercury; of the three first two or three grains to the ounce of distilled water; of the latter not more than one grain to the ounce. This should be injected three or four times in the course of the day, in the way mentioned; and in many cases the injection pretty quickly puts a stop to the increased secretion of mucus. In other instances, however, it fails to do so; and in some cases it seems to aggravate the symptoms, increasing the inflammation, and augmenting the discharge. These astringent injections have incurred the discredit of giving a disposition to stricture in the urethra. Hence many practitioners never employ them; and I fancy, generally speaking, in the treatment of gonorrhœa they are not now much employed. So much for what we should call the *rational* treatment of clap.

We now come to the *empirical* treatment; and we shall find that particular remedies exert a certain power over this complaint, although not of the kind that we should have expected to be beneficial in such cases. One of these is a remedy which, from the experience of its efficacy, is very generally employed,—I mean *Cubeb* pepper, which is also called *Java* pepper—*Piper cubeba*. This, given in large doses at the very commencement of the complaint, will frequently bring it to an end in a few days; and in other instances, though it will not completely arrest the complaint, it will stop the violent symptoms connected with it, so that the patient has simply discharge, without pain or ardor urinæ. For this purpose you should give not less than two drachms of the powdered pepper, three or even four times a day. The longer the complaint has existed before you use this remedy, the less likely are you to stop it by its means. The most beneficial influence is shown when it is given in the early stages; and the existence of active inflammatory symptoms is not a sufficient objection to its administration. Another remedy, more commonly employed after the antiphlogistic treatment, is copaiva balsam—*balsamum copaibæ*; which is given in doses of half a drachm to a drachm three times a day, either simply by dropping it on moist sugar, or taking it in a little water, like castor oil; or administered in some mucilaginous vehicle, or in mixture, in which it is combined with liq. potassæ. After the employment of general antiphlogistic means, the copaiva has a marked effect in bringing the inflammation to a close. Copaiva, and the various astringent injections, are the means most commonly employed in the protracted form of the affection called gleet.—I have mentioned to you that the inflammation of the mucous membrane of the urethra runs through a certain course, and comes to a natural end, without entailing future ill consequences on the patient. There are, however, some instances in which we have reason to suppose that secondary symptoms have followed gonorrhœa; but these instances are so few, that many individuals have never seen any case of the kind, and hardly believe the possibility of their existence. Those, however, who have had most extensive experience in the treatment of this complaint, recognise the possibility of secondary symptoms from gonorrhœa. It is sometimes followed by papular eruption, superficial ulceration of the tonsil, and pains of the joints and limbs; but that the symptoms under such circumstances do not require the employment of mercury for their cure, the ordinary antiphlogistic treatment accomplishing all that is necessary.—There are some other circumstances occasionally attendant on gonorrhœa which require to be mentioned. The inflammation of the urethra may cause inflammation of the glands in the groin; that is, it may cause bubo; but if you adopt the antiphlogistic measures which the local complaint requires, and keep the patient at rest, you will not be much troubled by this symptom; at all events its treatment is to be conducted upon ordinary principles.

The inflammation of the prepuce, if it go to a considerable extent, will cause *phimosis*; that is, a contraction of the lining of the prepuce forming the orifice, so that the part cannot be drawn over the glans. You must here employ local means to reduce the inflammation, and you will not find that phimosis is a serious symptom in cases of simple clap. It is necessary, in order to lessen the inflammation, under such circumstances, not merely to adopt those local antiphlogistic means which are obviously required, but carefully to syringe under the prepuce, to prevent the accumulation of gonorrhœal discharge, and to keep the parts clean. The discharge if allowed to remain irritates the delicate covering of the glans and the lining of the prepuce, augmenting the inflammation of those parts, and sometimes leading to serious ulceration as the consequence. Hence it is necessary that ablution of the parts should be carefully put in force by means of syringing.—Sometimes the opposite state—that of *paraphimosis*—may arise in gonorrhœa, or when sores exist on the parts in syphilis; that is, supposing the orifice of the prepuce to have become contracted by inflammation, and the patient has drawn back the fore-skin for any purpose, the contracted orifice of the prepuce now situated behind the glans, occasions it to swell, and soon the parts get into such a state as prevents the prepuce from being drawn forward again. That is the condition of paraphimosis. If the part remains in this state for some time, considerable swelling and inflammation of the glans will take place; the pressure of the contracted orifice of the prepuce becomes more considerable; it produces a deep fissure behind the corona glandis, as if the penis were tied by a tight string. When you see a case of this kind, within three or four days of the occurrence of paraphimosis, you seldom fail in restoring the glans to its natural situation. In the first place, you may get a basin of cold water, and let the patient, with a sponge or a piece of lint, bathe the part so as to cool it as much as possible. Then you press gently upon the swollen glans with the thumb, or thumb and finger of one hand, while you gradually draw over it the contracted orifice of the prepuce with the thumb and finger of the other hand. If you proceed slowly, squeezing out the blood from the glans as well as you can, so as to reduce its size, then managing to push it gradually into the opening of the orifice, at the same time that you draw the prepuce gently forward, you will usually succeed in replacing the parts, and thus relieve the patient from a state which to him is one of considerable alarm and apprehension, besides being very painful. But when the prepuce has been left in this unnatural position for some time, considerable inflammation takes place, effusion occurs, and, in fact, the prepuce and skin of the penis become fixed and agglutinated in their new situation. Under such circumstances, you find it necessary to cut through the strictured part; for you find that the stricture, although perhaps it may not produce active inflammation of the glans, yet alters very much the figure of the penis. If you make a little incision in the swollen part, immediately behind the deep fissure of the prepuce, you will be able to introduce the director, and with a sharp pointed bistoury to cut it through, and thus allow the prepuce to resume its natural place.

The irritation of gonorrhœal discharge very frequently produces warts, either on the glans or on the prepuce; and still more frequently produces great abundance of them on the external organs of generation in the female. The genitals of the female are so situated, and circumstanced, as to lead to a considerable moistening of them by gonorrhœal or other discharge occurring in these parts. The discharge continues to irritate the parts, and thus you have an immense growth of warts frequently occurring about the orifice of the vagina, the nymphæ, perineum, and neighbourhood of the anus. Sometimes we find the anus so covered as not to be able to feel the orifice of the intestine, while the perineum and external organs are so beset with them that you would not recognise the parts. You see large irregular warty masses, not much less than the hand, proceeding from the parts, and arising merely from the irritation of the cutaneous texture, excited by the gonorrhœal discharge. When the warts are of moderate size, you may treat them either by irritating substances or escharotics. In the first place, you adopt all the means you can to remove the cause that produces them—that is, to put a stop to the discharge—to put a stop to the state of inflammation and excoriation of the surface on which the production of the warts depends. When you have done that, you may rub the warts, if they are of moderate size, with lunar caustic, or sprinkle them over with an irritating powder. For this purpose you may use the pulvis sabinæ, or acetate of copper. When they are large, however, they do not yield to these remedies, and you must then remove them with a knife, or scissars, and in a few days rub the surface with lunar caustic, so as to prevent their recurrence. Some persons have recommended strong acids; speaks very favourably of the acetic acid, which acts, as any other strong acid would do, as an escharotic, in destroying the vitality of the parts.

In the course of gonorrhœa, it is not uncommon to have the discharge suddenly stop, and inflammation and swelling, with great pain of one of the testicles, come on. The occurrence of this particular kind of inflammation of the testicle has been called *hernia humoralis*. It is, in fact, active inflammation of the gland—inflammation of the testicle. The part swells, becomes very painful, and, if the inflammation is considerable, the scrotum which covers it assumes a bright red colour. When the inflammation is very considerable, it extends to the loose cellular texture of the scrotum, so that the integuments become in some degree fixed to the surface of the inflamed part. Severe pain is felt, more particularly when the patient is in the upright posture, or uses any exertion. The discharge from the urethra generally stops entirely.—You must treat this inflammation by ordinary antiphlogistic means: free bleeding of the part by the application of leeches, warm fomentations, and poultices; the recumbent position, and clearing the bowels. Sometimes you apply leeches pretty freely and repeatedly, and yet you do not succeed in putting a stop to the inflammation; the part remains much swelled and

very painful. Under such circumstances you derive great advantage from the free employment of tartar emetic, so as to produce vomiting. You give half an ounce of liq. antimonii tartarizati, which contains one grain of tartarised antimony, and repeat the dose every four hours, by which you keep up nausea and vomiting. Under such circumstances you frequently afford the patient relief in this way. Indeed this treatment alone is frequently had recourse to, to remove inflammation of the testicle, constituting hernia humoralis; and I have seen particular instances where great pain and inflammation have continued after the application of leeches, and where the employment of the emetic tartar, in the way just mentioned, has put a stop to those unpleasant symptoms very speedily. It is necessary for the patient to remain in the decumbent posture until the swelling has completely abated; at all events, if a patient who has been confined on account of hernia humoralis gets up too soon, and trusting to a diminution, with seeming relief of the symptoms, attempts to go about his ordinary occupations, he commonly brings on a relapse; so that great caution is necessary on this point.

There are other and more serious circumstances arising from gonorrhœa;—in particular constitutions, for example, when it takes place in individuals of rheumatic disposition. These persons are liable to the occurrence of severe inflammations of the eye, attacking the mucous membrane of the part, sometimes involving the sclerotic, sometimes even extending to the iris, that is, to the fibrous textures of the organ. Sometimes one of these forms, and sometimes another occurs; the pain in the urethra being diminished in intensity though the discharge goes on more or less. These affections of the eye I shall have occasion to speak of when I come to consider that part of the subject, and to treat especially of diseases of the eye. In the same individuals in whom there is such affection of the eye in consequence of gonorrhœa, it will almost invariably happen that rheumatism of the joints also takes place, very commonly of the knee, feet, and ancles, and even of other joints,—affections which so closely resemble rheumatism that it is not inaptly denominated *gonorrhœal rheumatism*. Inflammation of the synovial membranes, and enlargement of the joints (the consequence of increased secretion of the membrane) is the character it assumes when it appears in such parts of the knee. When it attacks the feet, you find a kind of œdematous tumefaction, which in common life is designated rheumatic gout. This affection will extend from one joint to another; one joint will get better, and others become affected. In fact, in the particular symptom of the extension and shifting of the disease from one joint to another, as well as in the general circumstances of the affection, it possesses nearly all the characters that belong to rheumatism. Such affections of the joints may take place in conjunction with the diseases of the eye, or in alternation with, or in succession to them. In the *treatment*, you are to bear in mind the peculiar condition of the constitution from which this collection of symptoms derives its origin. You are not to be contented under such circumstances with the mere local means which the state of the joints may require; you must always keep in mind the general state of the constitution. In the first instance it may be necessary to take blood from the arm; it will be proper to evacuate the alimentary canal freely; for which purpose a combination of calomel, antimony, and colocynth, answers well. After using these means I think you abridge the duration of the disease, lessen the intensity of the symptoms, and prevent those changes of structure which would subsequently impair the motion of the joints, by the exhibition of mercury; nor would it do any harm if, in the course of the treatment, some affection of the mouth were produced by it. Colchicum is another remedy occasionally employed with advantage under these circumstances. So far as *local* treatment is concerned, you find abstraction of blood by cupping and leeches, and fomentations, the most advantageous; but these local means will not answer the purpose without the more general measures that I have just pointed out. These affections are very tedious. Complaints in parts like the joints, which arise from constitutional causes, must naturally be so, as you cannot speedily alter the state of the system on which they depend. Hence, in the chronic state of the disease, persons are inclined to attempt to expedite the cure by blistering. I think blistering will not do good when there is anything like active inflammation remaining. When patients have had these complaints for a length of time, we frequently find benefit produced by removal to the sea-side, and employing a course of sea-bathing; but after all, this healthy state, when it is produced, is not so much from the means just mentioned as from the complaint ultimately wearing itself out.

SPIRIT OF THE MEDICAL PRESS.

MEMOIR ON THE CAUSES OF SCROFULOUS DISEASES. BY M. LUGOL.

Can scrofulous diseases be the result of accidental external causes, or are they hereditary affections? Such is the question which M. Lugol proposes, and to which he answers as follows:—The accidental causes have no necessary effect, and there is at least reason to doubt whether they are of themselves alone sufficient to give rise to a scrofulous affection. Inheritance, on the contrary, is the most evident and the most common cause, and that which we are obliged to acknowledge in the great majority of cases. M. Lugol regards the existence of scrofula in a child, as the certain sign of the family temperament, in consequence of which all the other children have the same original predispostion to the disease. If one examines what takes place in families, in which this temperament is indicated by the sign just mentioned, it is found that they are subject to great mortality: scarcely a fourth of the children attain the age of puberty, and it is not rare for very large families to be swept away at an age even much less advanced. Scrofula, in fact, presents itself as the most active source of destruction to the human race: there is no other malady whose victims are so numerous and so young. After showing the essential characters of hereditary transmission, those which mark it, and it alone, M. Lugol passes to his inquiries on the causes of this transmission, in considering what is the state of health of parents who produce scrofulous children. He divides the facts that relate to this question into two orders, one relating to the original state of health, the other to the acquired state of health of the patients. After having treated of scrofula in subjects born of scrofulous parents, and in those who are born of phthisical parents, he goes on to show that parents whose youth has been marked by scrofula, but who, at the present time, enjoy very good health, often produce scrofulous children. He shows also that parents who do not themselves appear scrofulous, but who have brothers and sisters that are so, have often a scrofulous offspring. M. L. has also seen that parents may never present any symptoms of scrofula till after they have had scrofulous children; and he arrives at the conclusion that hereditary diseases never pass over a generation, which is contrary to the opinion generally received on that point. In a second section, relating to the acquired health of the parents who produce scrofulous children, he treats successively of scrofula from syphilitic parents, a question on which he has accumulated very extensive information; then of scrofula from abuse of venereal pleasure; of that from too early marriages in each extremity of the social scale; of that from disproportion in the age of the parents; and, lastly, of that of which he has collected a great number of examples, and which almost invariably arises from all the marriages in which the man does not possess the comparative strength of his sex.—*Comptes Rendus.*—[Translated from the abstract of the larger work by the author in the 'Medical Gazette,' who, at the Hôpital St. Louis, enjoys, perhaps, greater opportunities of studying scrofula in all its forms than any physician in Europe.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 7th March, 1840:—

Epidemic, endemic, and contagious diseases	139
Diseases of the brain, nerves, and senses	178
Diseases of the lungs, and other organs of respiration	311
Diseases of the heart and blood-vessels	11
Diseases of the stomach, liver, and other organs of digestion	71
Diseases of the kidneys, &c	6
Childbed, diseases of the uterus, &c	11
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c	0
Diseases of uncertain seat	114
Old age, or natural decay	84
Violent deaths	34
Causes not specified	4
Deaths from all causes	969

On the Pulse in Phthisis Pulmonalis.—Dr. Guy has already given us some interesting observations on the pulse; he has followed them up in the case of phthisis. We extract his summary:—1. In cases of phthisis pulmonalis, the frequency of the pulse varies within wide limits; the difference between the extremes amounting to 90 beats. 2. In the same individual, the frequency of the pulse undergoes remarkable fluctuations; passing, in a few days, through a range of upwards of 60 beats. 3. In five out of six cases, the frequency of the pulse in phthisis exceeds the highest frequency observed in health. 4. The difference between standing and sitting in phthisis is nearly the same for all frequencies of the pulse. 5. The maximum difference between standing and sitting, in all cases of phthisis pulmonalis, falls short of the mean difference in health. 6. From the average results of a considerable number of cases, it appears that the mean difference in health is six times as great as the mean, and three times as great as the maximum, difference in phthisis. 7. On the supposition that the slight effect produced by change of posture is peculiar to phthisis pulmonalis, it forms one of the most constant and certain of its symptoms. 8. On the supposition that the slight effect produced by change of posture is common to more than one disease characterized by increased frequency of pulse, it will distinguish these diseases from others with which they may be confounded; and these diseases themselves are easily distinguished from phthisis pulmonalis, either by the peculiar character of the pulse, or by other physical signs.

The Governors of the Cork Dispensary have adopted a petition, to be presented to parliament, praying that the charity may be placed under the provisions of he poor relief act.

M. Capuron lately related a case of gangrene occurring in a new-born infant. It was a first child and was apoplectic at its birth: the skin soon began to vesicate, the disease became extensively developed, and death ensued in eight days.—*Gazette Medicale.*

TO CORRESPONDENTS.

Our First Volume is now ready, handsomely done up in cloth, price Seven Shillings and Sixpence. It contains the Medical News and information of the last six months, together with series of lectures by Mr. Lawrence, Sir Benjamin Brodie, Bransby Cooper, Mr. Guthrie, and M. Velpeau; and upwards of 300 other Papers.

H., PARIS.—*We shall be happy to receive the communications forthwith, and if he will send his address, will communicate with him by post.*

MR. BUTTERFORD ALCOCK'S *Paper on Injuries of the Head—two weeks in type—is again postponed, from want of space. Sir B. Brodie's Clinical Lecture, and several Reviews, are in the same condition.*

MR. KEANE *has our thanks.*

OUR FRIEND AT GUY'S *will have the kindness to send forthwith. The Review is in type.*

MR. H. THOMPSON'S printed *Lectures were very different from those* delivered. *We may be tempted to give some extracts from his real Lectures* verbatim. *No one will then be surprised at his secession from the Westminster School—his incapacity will be but too evident.*

GERMAN DEGREES.—*A Constant Subscriber says,* "*Will you do me the favour to inform me of the name and address of any one of the parties who reside in London, and who for* twenty pounds *will grant a Doctor's Degree from an University, to any one who chooses to pay that sum?*—Vide Medical Times, February 29th, 1840."—*From the tone of the note it might almost be supposed that our Correspondent wished to disgrace himself with a diploma gained without examination or desert, and consequently in itself a sarcasm on its possessor. To mention the names of the dealers in German diplomas, would be to advertise their quackery. We therefore refrain—at least for the present.*

J. F. A., *who complains of our estimate of our Dublin brethren, does not do us justice. We think Mr. Carmichael one of the soundest surgeons in Europe—not exactly equal to an Astley Cooper, but still a first-rate man. If we have "offended his nationality," we regret it—and confess our regret sincerely. We feel much to admire in the Irish character. We may again repeat that "many of our (English) surgeons and physicians" would be puzzled by the Meath Stethescopic prize examination; but this does not alter the case. With reference to the Dublin Medical Press, we think we have done them every justice, and by frequently quoting their best papers, contributed much towards extending a knowledge of the existence of the Journal. Fair play is always fair play, and if we are severe, it is farthest from our wishes to be unjust—but yet pity never prevents us from exposing humbug.*

DELTA *must please write more explicitly. We may perhaps make an arrangement.*

E. W. K.—*It* is true *that a charge was attempted to be brought against a Member of the Council of the British Medical Association, and entertained by that body against one of its members, for presuming to act on an opinion of his own, and sending a letter to the Lancet, recommending the Medical Profession, singly or collectively, to petition Parliament for a reform in the medical institutions of this country. The letter was dated, and sent to the Lancet Office a week before the Council appointed a Committee for the* same *purpose, and* three weeks *before their own recommendation to the* same effect *appeared in print. If they are true reformers they should have been glad to see time (which is now precious) taken by the fore-lock; but we dare say the great objection was that it did not come from or through the hands of the President, or some of the literary members of the Council. We need hardly state that this ridiculous charge was treated with contempt by the Member accused, and with silence by the majority; it consequently fell to the ground, notwithstanding the evident desire of two or three to make something of it.*

STAMPED EDITION
OF THE
MEDICAL TIMES.

WE have much pleasure in announcing to our supporters that our STAMPED EDITION is now ready. The Stamped Copies will be charged the price of the Stamp extra, and thus for Fourpence the Journal may be sent to any part of the Kingdom, the Colonies, and France, POST FREE. The ordinary edition will continue as before, price THREEPENCE.

The Stamped Copies may be ordered of any Bookseller or Newsman, or may be obtained direct from the Office, by forwarding the Subscription in advance:—

	£.	d.
FOR A YEAR	17	4
HALF-YEAR	8	8
QUARTER	4	4

A Half Sovereign (which may be sent for a single postage) will pay Thirty Weeks' Subscription, or any Gentleman wishing to be supplied, may deposit in the nearest post-office the amount of Subscription for what period he thinks proper, and ask of the Postmaster an order on the London Post-Office in favour of the Proprietors of the 'Medical Times.' This order will cost sixpence, which may be deducted from all Subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, in which the Subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it "Medical Times, 10, Wellington Street North, Strand, London," and return it into the hands of the Postmaster. The order will be complied with by return of post.

THE MEDICAL TIMES contains all the Medical News—Valuable Lectures now in course of delivery (including those of Lawrence, Bransby Cooper, Guthrie, Brodie, Howship, Velpeau, &c.)—Original Scientific Papers—Hospital Reports—Medical Portraits of the most celebrated living Professional Characters—Scenes and Stories of Hospital Management—Critiques on the Coroner—Caustic Commentaries on passing events—Reviews of New Works—All the best Papers from the German, French, and Italian Journals—Provincial Intelligence—Scientific Societies—Notes, Notices, Promotions and Appointments, &c. &c.

Orders, Communications, and Books for Review, to be sent, post free, to the OFFICE, Wellington-street North, Strand, London.

THE MEDICAL TIMES.

PROPOSED MEDICAL STATUTE TO EXTEND VACCINATION.

IN the present sad condition of medical institutions, and the disgraceful and disregarded state of the laws for securing the public health—it is a matter of gratification to perceive any earnest of a wish to change things for the better, even though that change be slight in degree. The vast benefits which have arisen to mankind from the introduction of vaccination—the removal to a great extent of that deadly scourge of humanity, the small-pox—renders any increase of the benefits attainable by the further extension of the practice of the illustrious Jenner a subject of congratulation to all who desire the permanent welfare of the great human family. Heretofore vaccination has been very much neglected and abused. Whole districts have been left unattended to, or, at best, but indifferently cared for. Non-medical persons have, in a vast number of instances, taken upon themselves to vaccinate, and the lymph has, in such cases, been introduced from one patient to another, through thousands, regardless of any peculiarities of diathesis, or individual idiosyncracy, until the benefits which, under medical superintendence, might have been insured, have been well nigh lost altogether. To attempt a remedy for this evil a Bill has been introduced into the Legislature, of which we gladly hasten to inform the Profession, to the exclusion for a week of other topics, equally important perhaps, but not equally pressing on the instant. We give, reserving comment, an

ABSTRACT OF LORD ELLENBOROUGH'S BILL FOR THE EXTENSION OF VACCINATION.

"1. Whereas it is expedient to extend the practice of vaccination; be it therefore enacted, &c., that from and after the passing of this Act, it shall be lawful for the guardians of every poor-law union in England and Wales, and they are hereby directed to contract with the medical officers of their several unions respectively, for the vaccination of all children who may be brought to them for the purpose.

"2. That such guardians shall, after consultation with such medical officers, from time to time appoint and give due notice of the appointment of such and so many convenient places and times as to them may seem fit, at which such medical officers shall attend to vaccinate all children who may be brought to them for that purpose: provided always, that not more than three calendar months shall in any case elapse between the times at which such medical officers shall so attend.

"3. That such medical officers shall make a report to the guardians of the several poor-law unions in which they may act respectively, on the next day of the meeting of such guardians after every time so appointed as aforesaid for the vaccination of children, of the number of children then vaccinated, and from time to time shall make such further report with respect to the children so vaccinated as the guardians of the several poor-law unions, under the direction of the poor-law commissioners, shall require.

"4. This clause gives certain powers to guardians as to medical contracts.

"5. That every such medical person shall give the like attendance, and make the like report, as is and are hereinbefore required from the medical officer of any union.

"6. This clause provides that the guardians are to transmit a copy of every contract to the poor-law commissioners, who may annul the same, &c.

"7. This clause enacts that the guardians of the poor-law unions in Ireland are to divide their unions into districts, &c.

"8. That all provisions hereinbefore made with respect to the poor-law unions in England and Wales, for the appointment and giving due notice of the appointment of the places and times at which such medical officers or persons shall attend to vaccinate such children, and for the making of reports by which such medical officers or persons, shall apply to all such contracts as may be made under this Act by the guardians of any poor-law union in Ireland."

Since the Bill above given has passed the Committee of the House of Lords, a clause has been added, on the suggestion of the Marquis of Normanby, imposing a penalty on any non-professional man who may henceforth attend a patient.

INQUIRY INTO THE ANATOMY ACT.

LOUD complaints have been made by the press respecting the mal-administration of the Anatomy Bill, and, as a consequence, a private Board of Inquiry is now sitting at Somerset House—a nice snug little family party, consisting of Mr. Ormsby Gore, the Honourable Stephen Byng, Mr. Hawes, and lastly, Mr. Warburton as chairman—sitting as the disinterested judge upon the Bill of his own creation. There are heavy wrongs to be redressed—many evils to be corrected—but we can hope but little from this private cabal, which must be closely watched.

CONFESSIONS OF JASPER SUDDLE, DISSECTING-ROOM PORTER.

CHAPTER VIII.—HOW MR. OKES ATTENDED HIS FIRST MIDWIFERY CASE.

ONE afternoon in March, Mr. Plummylobe, our lecturer on anatomy and physiology, having received an invitation to a very nice dinner party, a few miles out of town, posted a bill up on the black board where the notices, &c., were generally placed, to the purport that his presence being required at an important post mortem examination (of a jag'd hare I believe) he should not be able to lecture that afternoon; in consequence of which all the gentlemen who had collected together did not know very well what to do with themselves, as there was no other lecture going on until evening.—Some went home to read, others began to dissect, and others swore that they could not work any more that day, and accordingly began to kick up the usual riot in the dissecting-room, which always took place when a lecture was postponed, most especially to the annoyance of the few hard-working men who were snipping about little bits of cellular tissue, and fancying they were getting out the *par vagum*.

The dissecting-room of our school ran round the outside of the lecturing theatre, with the fire-place in the middle. Against the walls on the opposite side all the slabs and stools were ranged for the subjects, together with sundry smoke-dried prints of osteological and myological tendency, which no one by any chance ever looked at. At one end was a beam, which was generally used, whilst I was porter there, to hang cats upon, and at the other side was a huge black board intended for diagrams, but now embellished with sundry eccentric portraits of the various lecturers, and divers local and personal allusions to the affairs of the school.

I had gone out for a short time into the next street on this afternoon, and when I returned the dissecting-room was full of students, and the different objects of their study. A row of quart pots was already ranged on the mantelpiece, notwithstanding the express prohibition of Mr. Plummylobe, that he would not allow beer in the school; Mr. Huggles, in a green cutter's smock-frock, with a pocket in front full of loose hooks and scalpels, and a little white "all round my hat" on his head, was heating some half-and-half in another pewter by the ingenious process of stirring it round with a hot poker; and Mr. Swubs and Mr. Macarthy were broiling red-herrings in the shovel on the fire. Some quiet looking men, in shoes and spectacles, with no straps to their trowsers, and their cuffs turned up, were poring over the 'Dublin Dissector' at the other end of the room, or clearing and scraping macerated *scapulæ*, in the deluding idea that they were making a preparation. In the middle of the room Mr. Binks (who had come to talk over the row at the Haywarden Castle), was amusing an admiring circle of auditors, by forming a platform of boards and tressels, on which he presently mounted; and thrusting his legs into an old flannel dissecting-jacket belonging to somebody else, had taken the broom which I used for the purpose of sweeping up the sawdust of a morning, and appeared to be illustrating in song the various diverting circumstances that took place at the wedding party of one Joe Buggins, and leading the pleasant chorus of "Tol de roddy," in which the remainder of the students lustily joined.

In the middle of all this confusion a woman came to the door of the school, with a midwifery letter, which required immediate attention. One of the names written down on it of those gentlemen who were anxious for cases was Mr. Macarthy's, and accordingly I came in and told him that he was wanted. He delivered up the shovel and herrings to another, and went to the door, swearing he wouldn't go. After a minute's absence he returned into the dissecting-room, looking very wicked.

"You're not going, Mac?" said Huggles.

"Faith and I'll not," returned Macarthy; "I don't know how long I may be kept, and I'm engaged at the *Eagle* to-night; besides, its a first child, and they are always lingering cases, because the kids don't know their way."

"And what are you going to do, Mac?"

"Just sit down again," said Macarthy, coolly putting another herring in the shovel, and beginning to broil it; "I've sent the message to Okes's lodgings, and he'll jump at it—he wants to attend a labour, and I wish him joy of it—its in Seven Dials."

Now Mr. Okes was reading hard for the midwifery prize, and understood that science tolerably well from theory, but not a bit from practice. He had been very importunate for a case for some time, and although Dr. Catchmole stated in his prospectuses that his pupils always attended their first *accouchment* under his immediate direction, "to relieve them of anxiety," Mr. Okes found that this first case never came, and accordingly he determined to seize the next that offered. He was an odd compound; rather a swell, and not very much loaded with application, but still a brick after all.

Scarcely a quarter of an hour had elapsed from the woman's departure, when she returned again, stating that Mr. Okes was not at home, and begging some other gentleman would come. I took this message into the dissecting-room, and Mr. Macarthy again affirmed his determination not to go, for the reasons he had stated; nor did any body else appear inclined to volunteer—its the worst time in the world to get a pupil to a labour when there is any beer or comic songs in the way.

"I'll bet two pots I know where Okes is," said Huggles, looking very illuminative.

"Then why the devil didn't you say so just now," rejoined Mac; "where is he?"

"At the Pantheon—he's always there about this time, because he thinks one of the girls at the stalls is in love with him."

"I'll soon rout him out of that," said Mac, reaching down his hat, and flicking his trowsers with a handkerchief. "Halloo, missus," he added to the woman, as he met her in the lobby, "come along with me, and I'll find the docther for you," and off he started with the messenger towards the Pantheon. Strange and sudden contrast! from the dismal charnels of festering mortality and the decomposing wrecks of all that poverty and disease had spared to the scapel, to the full tide of life and sunshine—the crowd of passengers, the hum of business and pleasure, and the whirl of vehicles, that characterize a London afternoon!

Mac and his companion, who looked something between a monthly nurse and Biddy the basket-woman, trudged on through two or three minor thoroughfares, and entering Oxford-street at the St. Giles's end, were not long in arriving at the Pantheon. Here he told the female to await his return, and then entered the hall, bowing with grotesque politeness to the porter who opened the glass-door for him while he rubbed his shoes. He ascended, first to the picture rooms, but Okes was not there; he traversed the galleries with equal disappointment; all the chairs were occupied, but not one by the gentleman he was in search of. At last he found him—where do you think? Not in the bazaar—not talking to the young lady at the stall whom Huggles had spoken of, but ensconsed behind an aloe, all among the cockatoos and gold-fish in the conservatory, listening to the drip of the fountain, breathing the heavily perfumed air, and reading his midwifery notes; only turning his eyes from his book to see if he could decide whether the pelvis of any lady that passed him measured less than ten inches from one anterior superior spinous process of the ilium to the other. This Mr. Okes was wont to call luxurious study, as it combined knowledge with refinement. It was with the same feeling he got up his anatomy at the theatre, always taking a Dublin with him to the play, and making a point of learning a muscle between every act.

"Lord! Mac, how you made me jump!" said Okes, as Macarthy, approaching him, suddenly knocked his hat down over his eyes. "What the deuce do you want here? This is not one of your general haunts."

"You may say that. The Pantheon's a very low place—they don't draw any beer at one of the stalls."

"What do you want, then?"

"Faith, its yourself I'm looking after. I've got a case for you."

"Where, Mac?"

"Divil knows—I'm sure I don't, but, I believe, its somewhere in Seven Dials."

The name of the locality staggered Mr. Okes a little—he appeared desirous of edging off.

"I'm very sorry," he said, "but—I—don't—think—I—can—go."

"And what is it's to hinder you?"

"Why you see I want to read up my notes of Catchmole's lectures, because I'm going in for the prize."

"Pshaw! is that all? All you need learn is the dimensions of the pelvis, chlorosis, menorrhagia, and Merriman's four situations in which you may be called upon to turn. There never was anything else given for examinations."

"Um—m—m," drawled Okes, "I don't much like to go to that neighbourhood."

"But the woman's waiting at the door."

"Well, let her wait—we can bilk out at the Marlborough-street door."

"Pish! come along, man," and without more to do Mac seized Mr. Okes by the arm and led him through the Pantheon to the street. Here he confided him to the guidance of the woman, giving him, as a last piece of advice, this useful maxim:—

"Keep your powder dry, and support the perinæum."

(To be continued.)

MADDER PERVADING THE BONES.—At the last sitting of the Academy of Sciences at Paris (March 3), M. Flourens communicated some further results of his experiments on the tinging of the bones of animals by infusing madder into their food. By carefully observing the alternation of coloured and colourless strata in the bones, caused by giving and withholding madder during successive periods, he had been led to the discovery that bones increase by the deposition of boney matter on the outside, and that they diminish by the dissolution of boney matter in the medullary cavity. He exhibited the skeletons of some sucking pigs, as instances of the rapid action of madder in tinging bones, a fine rose colour having been imparted within twenty-four hours.

HOUSE OF LORDS, March 12.—Lord ELLENBOROUGH introduced a Bill for the encouragement of Vaccination, which, after some discussion, was read a *first time*.

At the last meeting of the Royal Botanic Society of London "several *ladies*" were elected as "*fellows*" of the Institution!

SYME VERSUS LIZARS.

"When Greek meets Greek, then comes the tug of war."—A great excitement has been created amongst the Profession in Edinburgh, in consequence of Professor Syme having declared war against Professor Lizars, and, bringing him into the Court of Session, obtained damages to the amount of £50. The offence alleged was, that Mr. Lizars, in his 'System of Practical Surgery,' published in 1839, made use of the following libel:—"In every operation for fistula, however unimportant it may seem, the operator cannot be too careful in averting hæmorrhage, as many have died from a neglect to do so. This was the fate, indeed, of a respectable apothecary in this city. Nor is it improper, as an additional warning, here to mention another case which was under the care of our Professor of Clinical Surgery a few years ago: he operated on a gentleman for a slight fistula, and left the part inadequately defended, from which dreadful hæmorrhage ensued. The Professor was sent for, arrived, groped about with his knife, searching for a needle in a hayrick—I mean, for a blood-vessel to be tied. Meanwhile, the life of the patient was saved by *deliquium animi*; but to this day the wound remains unhealed, and the unfortunate man a miserable nervous invalid, from the excessive loss of blood." Drs. Davidson, Traill, Bell, and Dewar, and Mr. W. Wood, were successively examined, to prove that the surgeon referred to was Mr. Syme, the Professor of Clinical Surgery in the University. A severe and witty speech for the defence was delivered by Mr. Advocate Robertson; but we regret that at present we have no room for any portion of it. Suffice it, that the whole investigation had the effect of convincing both the judge and jury of the existence of an *odium medicum*, as well as an *odium theologicum!*

MEDICAL OBITUARY.

On the 10th inst., at Penshurst, Kent, Mr. Pickance, Surgeon, aged 68.—At his house at Walworth, on the 14th inst., George Parsons, Esq., Surgeon, R.N.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon John Wilson (*c*), to the Inconstant; J. W. Bowler to the Victor.

ORDNANCE MEDICAL DEPARTMENT.—Richard Coffin Elliot, Gent., to be Assistant-surgeon, vice Lucas, M.D., resigned.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, March 12:—John Ranson, Sproughton, Suffolk; Henry Charles Athay, Stamford; Frederick Morse Baker, Botley.

At a late meeting of the Royal Society of Edinburgh, a paper by Sir Charles Bell was read on sudden death produced by air drawn into the circulation. It is only at a recent period that the fact has attracted attention. It appears that when a wound occurs which lays open certain arteries, the air sometimes rushes in with a hissing noise, and the individual falls dead as if by a thunderbolt. This result has sometimes followed the amputation of an arm, or a wound in the neck; but it is rare. Sir Charles referred to the experiments of the French medical men; but, in opposition to their opinion, held that the fatal effect is produced through the action of the vertebral arteries upon the *medulla oblongata*. Professor Syme, who was present at the meeting, expressed his dissent from this conclusion.—*Times.*

CORRESPONDENCE.

LANCET CASES.

To the Editor of the 'Medical Times.'

SIR—Having read in the Lancet for Feb. 15th, a communication entitled "*A Case of Carditis*," which was not less remarkable for the vague and ill-defined symptoms on which the diagnosis had been founded, than for the rare occurrence of the disease itself, I ventured to address a brief note to the editor of the journal alluded to, in the hope that its publication might elicit a few additional observations from the gentleman (Mr. J. C. Atkinson), to whom the profession is indebted for the narration of the case. In this I have been disappointed, the editor of the Lancet, with his accustomed *courtesy*, having refused all notice of my communication: I shall not of course trespass upon your valuable space, by referring to the motives which have doubtlessly influenced the conduct of that gentleman, but am content to regard this as another illustration of the fact, that under the name of Editor, neither probity nor impartiality are always to be included.

"A cur may bear
The name of tiger, lion, or what'er
Denotes the noblest or the fiercest beast."

In the case related by Mr. J. C. Atkinson, the only symptoms which he has detailed, as having induced him to pronounce the existence of carditis, are the following: "Pulse very frequent and irrepressible, ranging from 160 to 170; tongue dry and brown furred; bowels constipated; skin hot; respiration somewhat oppressed, though there was no complaint of pain or difficulty in breathing; countenance anxious; extremities cold; disinclination to the slightest motion." And Mr. Atkinson then observes, "from the above symptoms, which I have been somewhat minute in giving, (!) I concluded this to be a case of carditis, and that active measures must at once be resorted to."

Passing over in review the symptoms thus described, not one is presented on which any argument in favour of the existence of carditis can be founded, nor, taken collectively, do they afford any better evidence. The first, second, and fourth symptoms can but be regarded as indicative of a pyrexial state, not as localizing disease, whilst the fifth may with equal propriety be referred to the same source; and, supposing the latter to have been symptomatic of a morbid action going on within the chest, it is at least as probable, that it was produced by any other disease as carditis; and when we are informed that "*she did not complain of pain or difficulty in breathing*," it is much more reasonable to infer, that the slight oppression of the respiration was indeed nothing more than what is constantly observed in many of the acute forms of disease. The only physical sign pointed out is, "that the heart's action was hurried, and not in harmony with that of the pulse; on this, of course, no one would for a moment presume, that either inflammation, or any other acute morbid action, was established either in the heart or neighbouring viscera: the fact of the patient being disinclined to exertion is of too constant occurrence in other diseases to merit any special attention, and thus we have left for consideration two symptoms only, and on which the presence of carditis could have been inferred by Mr. Atkinson, and these are coldness of the extremities, and constipation of the bowels!! the latter of which any one less than sceptical would I conceive reject, the former is too unimportant in itself to be received as pathognomonic.

It is not a little remarkable, that the symptoms described by Mr. Atkinson are scarcely alluded to by Dr. Eber, whose authority is especially quoted by that gentleman. In the case narrated by Mr. A. there was no complaint of deep-seated pain, no remarkable anxiety and disturbance of the patient, no tendency to fainting on motion, no deep expression of suffering on the countenance, and no severe palpitations, all of which symptoms Mr. A., on the authority of Dr. Eber, enumerates as *pathognomonic of carditis*. Thus then it may be inferred, that the indications observed on the first day of Mr. Atkinson's seeing his patient, were by no means conclusive of carditis; nor does the previous collateral or subsequent history of the case afford any more satisfactory evidence.

The fact of a sister of the little patient having died of carditis, when about ten or twelve years of age, does not, I conceive, at all favour the opinion taken of the case, and I may be pardoned if I venture to suggest, that the *interesting* fact of her mother frequently having a sensation as if her heart was violently agitated, but so momentarily that it goes as soon as it comes," can scarcely be regarded as supplying any additional proof; an hereditary predisposition to carditis being one of those points in the history of disease which has yet to be discovered.

I have been induced to make these remarks, firstly, because from the rare occurrence of carditis, the symptoms observed in Mr. Atkinson's case are neither sufficient nor satisfactory; and secondly, because Mr. A. has so far outstripped all those authors who have preceded him, as well as those of the present day, as to predict the existence of a disease by a few uncertain signs, which they have not ventured to declare until the scalpel has set supposition at rest: such indeed has been the only evidence which has been received by Laennec, Coursart, Marechal, Lotham, and a long list of equally celebrated pathologists, who have indeed been content to admit that, in the present state of medical knowledge, no other testimony can be received. Not so, however, Mr. Atkinson, who at once, as I have already shown, pronounces the existence of carditis on the mere occurrence of cold extremities, and constipated bowels. May I express a hope, that should Mr. Atkinson again publish any remarks upon the disease in question, he will even be more minute than he believes he has been in the description of his present case, and that he will also endeavour to ascertain whether no other cause can be assigned for an illness of five days' duration than, pathologically speaking, such a gigantic one as carditis.

Allow me, Sir, to apologise for occupying your valuable pages, and to subscribe myself as your obedient servant,

F. B.

March 2nd.

ADVERTISEMENTS.

Lately published, price 8s., cloth boards,

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH MOUNTAIN, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.

J. Churchill, Princes-street, Soho.

This day is published, the Second Edition, over, much enlarged, with Plates, Price 7s.,

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. By WILLIAM COULSON.

Contents.—On Urine—Irritability and Paralysis of the Bladder—Inflammation of the different Structures of the Bladder—Spasm of the Bladder—Urinary Calculi—Lithotomy and Lithotripsy—Wounds and Injuries—Fungus and Cancer of the Bladder—Acute Inflammation of the Prostate Gland—Chronic Enlargement of the Prostate Gland—Prostatic Calculi.

London: Longman, Orme, and Co.

In one volume 8vo., cloth lettered, price 7s. 6d.

THE INTIMATE STRUCTURE of SECRETING GLANDS. By JOHN MULLER, M.D., Professor of Anatomy and Physiology in the University of Berlin; with the important Discoveries of other Authors. Translated and edited by SAMUEL SOLLY, F.R.S., Lecturer on Physiology, and on Comparative Anatomy, at St. Thomas's Hospital; Honorary Librarian to the Royal Medical and Chirurgical Society; Author of a work on the Human Brain, &c., &c. With four plates, and wood-cuts.

"This celebrated Work, when first published, (eight years since,) filled up a wide blank in the science of General or Structural Anatomy. Its Author, now universally acknowledged as one of the first Physiologists of the age, laid the foundation of his fame in the present Treatise. The information which it contains, and the fundamental doctrines established by the researches which it records, cannot be too highly appreciated; and though, no doubt, all Teachers of Physiology are familiar with them, and yearly communicate them to their Pupils, yet it is hardly to be expected that the great body of Medical Practitioners should have had the opportunity of referring to this most important Volume. I hope, therefore, to present an acceptable offering to the profession, by giving an abstract of its contents. A complete Translation of the whole work, would not, (I imagine,) prove so generally useful to my professional brethren as a faithful analysis, and I have endeavoured to add the most important observations which have appeared on this subject, since the publication of Müller's Work, in 1830. I am conscious that the execution of my task is imperfect. The subject is vast; I have had to translate an ancient language, written with a modern pen, and my labour has been personal and almost unassisted. I may hope to receive, therefore, the indulgence of those from whose favour I have already experienced, on a former occasion, so much kindness, consideration, and leniency. If it should be allowed that, by the more direct introduction of this work to the members of our Profession in Great Britain, I have shed a ray of light on the darkness which still overshadows the great and important truth that Comparative Anatomy ought to form an indispensable part in the practical education of the medical pupil, I shall feel that I have neither studied nor written in vain.—*The Editor's Introduction.*

London: Joseph Butler, Medical Bookseller and Publisher, 4, St. Thomas's Street, Southwark.

A PARTNERSHIP in a small but old established Practice, in one of the largest Towns in the West of England, to be disposed of on equitable terms, the present Proprietor contemplating retirement on account of ill health. For further Particulars, direct A. B., Mr. Squires, Druggist, Bath.

SKELETONS, SKULLS, WAX MODELS, &c., AND OTHER ANATOMICAL PREPARATIONS.

ALEXANDRE, FOREIGN BOOKSELLER, 37, GREAT RUSSELL STREET, BLOOMSBURY, begs to acquaint the Medical Profession, that he receives every week a fresh Importation of Anatomical Preparations, and he has always in his Museum an Extensive Collection of—
Very Superior and Inferior Articulated Skeletons, prices from £1 15s. to £4.
About 300 Skulls, Separated, Entire, and Divided, in Sections, showing the Internal Ear; also, Phrenological, and Skulls of Second Dentition.
Female Pelvis with Ligaments, Fœtal Skulls, and Fœtal Skeletons.
Just prepared,
A fine collection of nine Fœtal Skeletons from one month to nine before birth.
Articulated Legs, Arms, Hands and Feet, and all kind of Loose Bones.
All the Macerations of the Subjects being under the immediate superintendence of his Agents on the Continent, and an experienced Articulator being kept in his Museum, the Preparations are warranted perfect.
Charges to Articulate Skeletons, from 25s. to 30s.
37, Great Russell Street, Bloomsbury, London.

RETREAT NEAR LEEDS FOR THE RECEPTION AND RECOVERY OF PERSONS AFFLICTED WITH DISORDERS OF THE MIND.

MR. HARE begs to announce to the Profession and the Public, that the above Establishment is under his particular Superintendence, and that the most strict Attention is paid to the Medical, as well as Moral Treatment of the Individuals who are committed to his Care.

The Retreat is delightfully situated on rising Ground at the opening of Aire-Dale, little more than a mile from the Town of Leeds; the Situation is healthy, cheerful, and also sufficiently retired; the Gardens and Plantations are extensive; the Premises combine proper Accommodations for the Exercise and Amusement of the Patients; and the Apartments are spacious, lofty, well ventilated, and fitted up in the most commodious manner.

The Establishment is to be considered more in the light of a temporary Residence in the Country, where the Patient is placed while he undergoes such a Plan of Treatment as may be necessary to restore the Functions of the Brain, than as an Asylum, in the common acceptation of the term; hence it is well suited for Persons of weak Mind, or who may be subject to Fits of temporary Insanity—for whom confinement is necessary.* In recent Cases, a perfect and speedy Recovery may generally be expected.

Applications, either Personal, or by Letter, Postage free, addressed 26, East Parade, Leeds, will meet with immediate Attention, and have the most satisfactory References, if required, to Patients already discharged, or their Friends;—also to Physicians resident in London, Dublin, Leamington, Leeds, Sheffield, Scarborough, Wakefield, Bradford, &c., who have had occasion to visit Patients at the Retreat.

This Day is Published, in Royal 8vo., Dedicated, by Permission, to SIR BENJAMIN COLLINS BRODIE, BARONET, V.P.R.S., and CHARLES ASTON KEY, Esq., Senior Surgeon to Guy's Hospital.
PRACTICAL OBSERVATIONS on the CAUSES and TREATMENT of CURVATURES of the SPINE: With Hygienic Directions for the Physical Culture of Youth as a means of preventing the Disease;—an Etching and Description of an Apparatus for the Correction of the Deformity;—and Engravings illustrative of the Cases.
By SAMUEL HARE, Surgeon.
London: Simpkin, Marshal, & Co., and of all Booksellers.

* Mr. H. also receives Patients under his care, attended by experienced Persons, in Lodgings, or Private Houses, according to the Provisions of 2nd and 3rd of Wm. 4th, Chap. 109, Section 47.

WARM BATHS COMPLETE and in PERFECTION, supplied from one of the finest Springs in the Metropolis, and one minute's notice only required.
PALLISTER'S,
Cross Keys Inn and Family Hotel, Gracechurch Street.
Bath, including Attendant, 1s. 9d.

GOLD LABELS.

A NEW SET,
Engraved in Egyptian Letter for Bottles, Drawers, &c.

H. SILVERLOCK

Begs to inform his Friends that these LABELS are now ready, and that Catalogues, with a sketch of the Sizes and Pattern may be had on application at
3, WARDROBE TERRACE,
through any of the wholesale chemists, or per Post.
This splendid Set of Labels, the most extensive and complete ever published, contains

SEVEN SIZES,

for Bottles, from the smallest size in use to the largest; also THREE SIZES Straight Labels for Drawers, and THREE SIZES Straight Labels with Ornamental Ends for Drawers.
The Prices vary according to the sizes, from 3s. per dozen. Address

H. SILVERLOCK,
Medical Printing-Office and Label Warehouse,
WARDROBE TERRACE, DOCTORS' COMMONS,
Where may be had every description of LABELS ready GUMMED and CUT, for the use of Surgeons, Apothecaries, wholesale and retail Chemists, Druggists, &c., also Fancy Labels, in great variety. Ornamental Labels for Bottles and Drawers on Gold, Green, or Yellow Paper; this set is engraved in a superior manner, in

THREE SIZES,

with the new names, according to the last Pharmacopœia. Sold in Books or Single Labels as under:—

Single Labels.	Yellow or Green. Per Doz.	Gold. Per Doz.
Small and Middle Sizes	1s. 6d.	3s. 0d.
Large	1s. 6d.	5s. 0d.

In Books, Green or Yellow.	£ s. d.
Small Size, containing 1,026 Labels	0 17 0
Middle Size, " 1,120 "	1 5 0
Large Size, " 825 "	1 14 0
The Three Sizes in One Book, containing 3,008 Labels	3 10 0

CATALOGUES GRATIS.

ENGRAVING AND PRINTING
OF EVERY DESCRIPTION.

WEAK LEGS, KNEES, AND ANKLES.

SURGEONS in the COUNTRY have now an opportunity (through the reduction of the Postage), of having any Bandage direct from W. H. BAILEY, 48, Regent Street, at astonishing low Prices. W. H. B. begs to submit the following list of Prices *expressly for Surgeons*:—Elastic Laced Stockings, 12s. each; Linen or Jean, 9s. 6d.; Elastic Knee Cap, 7s 6d. to 10s. 6d.; Strong do., 5s. 6d. to 7s. 6d.; Single Truss, 3s. 6d. to 7s; Double do., 8s. to 11s. 6d.; Brodie's Elastic Bandage, 6d. a yard; Calico Rollers, 1s 2d. the Dozen Yards; Cravatten, Spinal Stays, Arm Slings, and every kind of Surgical Bandage equally reasonable.
N.B.—Directions for measuring forwarded by Post.
Manufactory, 48, Regent Street, London.

OSTEOLOGICAL REPOSITORY,
45, Museum Street, Bloomsbury.

I. HARNETT begs to call the attention of the Lecturers, Students, and all Gentlemen connected with the Medical Profession, to his large and select assortment of
ANATOMICAL PREPARATIONS,
which, from the experience of upwards of 15 years' practice, he is enabled to execute with scientific precision and accuracy.
His preparations consist of—
Superior white Articulated SKELETONS.
Ditto Unarticulated.
Entire Adult Skeletons, with Ligaments.
Separated Skulls, quite perfect.
Ditto, mounted, à la Bauchêne.
A great variety of ENTIRE SKULLS.
Skulls with horizontal, vertical, and other sections, showing also the preparation of the internal ear.
PHRENOLOGICAL SKULLS.
Upper and Lower Extremities, articulated and loose.
Articulated Hands and Feet, Vetebræ, &c. &c.
Fœtus Skeletons, from one to nine months.
Female Pelvis, with Ligaments and Fœtus Skulls.
A new and improved Apparatus for Practical Midwifery.
Injected Arms, Legs, Heads, &c.
A fine collection of WAX MODELS, among them a beautifully executed Anatomical Figure, by the same Artist as the one in the Ecole de Medicine of Paris, price 40*l.*
A large assortment of Skeletons and Skulls of rare Animals and Birds, and all preparations connected with Osteology.
A superior ARTICULATOR always kept on the Premises.
J. H. also begs to state that he has a SELECT LIBRARY of FOREIGN MEDICAL WORKS. Dentists supplied with Natural Teeth.
45, Museum Street, Bloomsbury.

GELATINE CAPSULES of PURE BALSAM OF COPAIBA. Prepared by CHARLES WILDENOW, Pharmaceutical Chemist, and Member of the Pharmaceutical Institute of Berlin. This Preparation of the Balsam of Copaiba having now been before the Profession for some time, Charles Wildenow begs to return his thanks to those Gentleman who have pleased to express their approval of this mode of administering this useful medicine, which has hitherto been, in a great measure, kept out of use, in many cases where it would have been very beneficial, by reason of its nauseous taste and smell.
Charles Wildenow's object has been to enable the Profession to administer the Balsam in a form in which its properties should not be in any way affected, which has always been the case in previous attempts at disguising its unpleasant qualities; and the testimony of many eminent medical men, and an increasing demand for the Capsules, give him every reason to believe he has perfectly succeeded.
The greatest care is taken in the preparation of the medicine to ensure a freedom from leakage or smell, and the purity of the Balsam may be depended on, being imported direct from Para, by Charles Wildenow. About ten grains of unadulterated Balsam are contained in each Capsule; and the easy mode of administering them, with the certainty of their operation, will leave no doubt of the great value of this useful Preparation. To be had, wholesale at the Manufactory, 14, Old Jewry; and also of all the Wholesale Druggists in London; and Retail of all respectable Chemists and Druggists throughout the Kingdom.—Wholesale Agents; Messrs. J. and R. Raines, Edinburgh: Mr. L. Simpson, Medical Hall, Manchester; Evans, Son, and Co., 41, Lord-street, Liverpool; Mr. P. Harris, Bull Ring, Birmingham.

J. CROSS'S NEW AND ELEGANT SET OF MEDICAL LABELS, published 18, Holborn, opposite Furnival's Inn, London.—Every department of Engraving and Printing executed in a superior style.

DECOCTUM HORDEI.
R. Farinæ Seminum Hordei drachmas quatuor,
(Robinson's Patent Barley)
Aquæ bullientis octarios quatuor cum semisse:
Farinam Hordei cum Aquâ paulatim tere, coque per sextam horæ partem in vase leviter clauso, et liquorem adhuc calentem cola.

ROBINSON'S PATENT BARLEY,
AND
ROBINSON'S PATENT GROATS.

CAUTION.—The Patentees, who have received a Special Warrant of Appointment as Purveyors to the Queen, consider it a duty they owe themselves and the Public, to put them on their guard against counterfeits, and respectfully to point out that on each *Genuine* packet, is placed, in addition to Her Majesty's Arms, the words, "By Royal Letters Patent," and the signature of "Matts. Robinson."
Manufactory, 64, Red Lion street, Holborn, London.

ESTABLISHED NEARLY FORTY YEARS.
At No. 4, the Holborn Side of BLOOMSBURY SQUARE.
Observe—Parlour Windows—No Shop Front.

IRISH SHIRTING CLOTH made, without any admixture, from pure flax. Sold in any quantity. Whole pieces at the Factor's prices, cheaper than any other house, being manufactured from the best materials. The purchase money will be returned should any fault appear
Irish, English, Scotch and Russia Sheeting of all widths and prices. Household and Table Linen. Welsh and Saxony Flannels. Families Furnishing will find it much to their interest to apply at this Establishment.
Bank of Ireland Notes taken in payment or discounted.
Country and town orders punctually attended to by
JOHN DONOVAN, 4, Bloomsbury-square.
N.B. No connexion with any other House.

BURCH'S IRISH LINEN, SHIRT, AND OUTFITTING WARRHOUSE, Established 1806. An extensive Stock of IRISH LINEN, SHEETING, AND TABLE LINEN, in any quantity, warranted for durability and without any mixture of cotton, at the lowest possible prices. Shirts made to order in the newest fashion, so as to ensure a good fit; every quality kept washed for immediate use. Hosiery of every description. Ladies' and Children's ready-made Linen. Orders taken by females. Outfits executed with promptitude and economy. Stocks in great variety at very low prices.
Welch Flannels and Long Cloths of the best fabrics.
Avis aux étrangers: Tous les articles sont de la première qualité et à des prix fixes.
35, GREAT RUSSELL STREET, BLOOMSBURY, LONDON.

COMFORT WITHOUT RISK.—The attention of Medical Gentlemen is invited to BERDOE'S NEW WATERPROOF FROCK, as a Garment especially adapted to their use. It does not confine Perspiration, has no Singular or Uncouth Appearance, but is Gentlemanly, Light, and Warm; a convenient Substitute for a Great Coat, enabling the Wearer, after Exposure to the most Drenching Rain, to enter the Apartment of the Sick, perfectly dry and free from dampness, and is also a valuable Protection from the effects of Sudden Exposure, from a Heated to a Cold and Damp Atmosphere, or the Pitiless Storm. W. B. has already supplied many of the most eminent of the Medical Profession, who express their entire approval of the Garment, and which only requires to be known to be generally adopted. Made only by W. Berdoe, by whom the New Ventilating Waterproof was first introduced, which renders all garments made of Woollen Cloth, &c., thoroughly impervious to Rain, yet does not confine Perspiration, or impart any objectional property whatever.
WALTER BERDOE, Tailor, 69, Cornhill (North Side). Private Trade, First Floor.

Empowered under the several Acts of Parliament of 14th George 3rd, c. 48; 22nd Geo. 3rd.; 53rd Geo. 3rd, c. 141; 3rd Geo. 4th, c. 92; and 1st Vic. cap. 10.

INDEPENDENT WEST MIDDLESEX ASSURANCE COMPANY, opposite the Bazaar, Baker Street, Portman Square, London; South St. David's Street, Edinburgh; Ingram Street, Glasgow; and Sackville Street, Dublin.

MANAGERS.

Jas. Alexander, Esq.	J. D. Hustler, Esq.	Wm. E. Taylor, Esq.
Samuel Eyre, Esq.	Thos. Knowles, Esq.	John Wilson, Esq.
Robt. Ferguson, Esq.	H. R. Perkins, Esq.	Wm. Whittaker, Esq.
Thomas Hope, Esq.	Thomas Prior, Esq.	Geo. Williams, Esq.

IMMEDIATE BENEFITS OFFERED TO THE PUBLIC.
LIFE and FIRE INSURANCE RATES reduced 30 per Cent. per Annum Lower than any other Office.
LIFE ANNUITY RATES, calculated on Equitable Principles!!!
FOR EXAMPLE.—For every 100*l.* deposited, this Association will grant the Annuity placed opposite the Age of the party depositing.—From 50*l.* and upwards, in proportion.

AGE														
50 to 40	to	45	to	50	to	55	to	60	to	65	to	70	to	75 to 80
Pr. Ct. 8*l.*		8*l.* 10s.		9*l.*		9*l.* 10s.		10*l.* 10s.		12*l.* 10s.		15*l.* 10s.		20*l.* 25*l.*

LIFE ASSURANCE RATES.

Age	20	to	25	to	30	to	35	to	36	to	40	to	45	to	50
Premium.	1*l.* 11s.		1*l.* 15s.		2*l.*		2*l.* 2s.		2*l.* 4s.		2*l.* 10s.		2*l.* 15s.		3*l.* 5s

This Company make no Charges for Intermediate Ages under 50 Years

FIRE INSURANCE RATES.—COMMON INSURANCE.

Private Houses and Shops (not hazardous)	1s. 6d. per Cent.
Hazardous	2s. 6d.
Double Hazardous	3s. 6d.
Farming Stock	1s. 6d.

Secretary—G. E. WILLIAMS.

ORIGINAL MEDICAL GLASS AND FIXTURE WAREHOUSE.
ANSELL and HAWKE, of No. 8, Great Queen Street, Lincoln's Inn Fields, beg to inform Gentlemen commencing or altering in the above Profession, that they have a large assortment of Drawers, Bottles, Jars, and every requisite for completing Shops or Surgeries, on the most moderate terms. Most satisfactory references can be given as to style and quality. Plans and Estimates furnished, free of expense.

TO INSPIRE CONFIDENCE in the integrity of our dealings, and to enable those who choose to judge for themselves to form a just estimate of the perfection which BRETT'S IMPROVED BRANDY has attained, Samples, fresh drawn from the vats, may be tasted without charge, at our Counting-house, where sealed pint and quart bottles of this very salutary spirit may be procured at 2s. and 3s. 6d. each; upon the express condition that should any quantity thereafter purchased of us at 18s. per gallon, prove inferior to sample, it shall be subject to absolute forfeiture.—Price Lists of the various kinds of WINES and SPIRITS sold by us, enclosed in every package, and forwarded, post free, upon application.
HENRY BRETT and CO., Old Furnival's Inn, Holborn.
*** Gentlemen of the Medical Profession, who patronise our Brandy, are allowed a Discount of 1s. per gallon.

HODGSON'S POTTED WELCH SALMON.—The surprising demand, and the various attempts of other parties to imitate this most delicious preparation, proves its superiority over every article of the kind yet introduced for SANDWICHES, TOAST, BISCUITS, &c. J. HODGSON now begs to caution the public against spurious compositions, and to observe that none are genuine, unless signed on the side labels, JOHN HODGSON. In Pots at 1s. 2d. and 2s. 6d. each. To be had wholesale and retail, at the manufactory, Hedgson's British Wine Warehouse, 27, Union-street-east, Bishopsgate-street; and of all respectable Oilmen, Grocers, Druggists, and Fishmongers, in the Kingdom.

MEDICAL MEN in particular, and the Public generally, are respectfully solicited to inspect the CENTRE SECONDS WATCHES, introduced by WEBSTER and SON. Very fine small Duplex Watches, showing the Seconds from the Centre, the Seconds comprising the whole circle of the plate, manufactured expressly for the profession and sporting men, or where great accuracy is desired. COMPENSATED DUPLEX WATCHES (upon the principle of their Chronometers, to which were awarded the respective prizes three years in succession given by the Government,) counteracting the variations of temperature, adapted to any climate, and equal to pocket Chronometers in performance. Their detached lever Watches of every description; a selection of fine flat horizontal Watches, which they have carefully examined, from four guineas and a half upwards. The above 30 per cent. under the usual charges. An allowance to Merchants, Captains, and Shippers. Old Watches taken in exchange. They warrant every article sold at their Manufactory, which has continued in the family 130 years.
WEBSTER and SON, Chronometer Makers to the Lords of the Admiralty, 3, Birchin Lane, Cornhill.

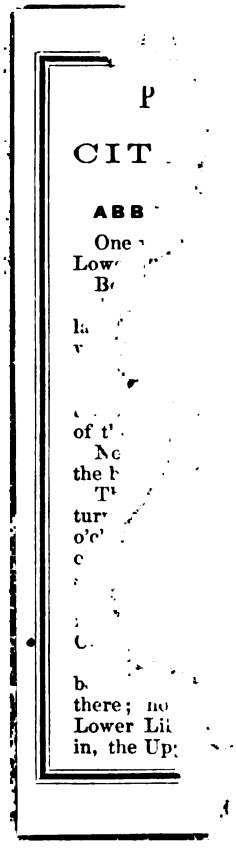
CHAMBERLAIN, OPTICIAN, Manufacturer of the EYE-PRESERVING SPECTACLES, upon unerring Principles, No. 37, Broad-street, Bloomsbury, in a direct line (West) with Holborn. Patronised by the Nobility, Clergy, the Principals of the British Museum, and strongly recommended by most distinguished Members of the Royal Colleges of Physicians and Surgeons.—Established 1822.
A pair of the best Convex Pebbles, fitted to the purchaser's own frame, 5s.; Concave, 7s. 6d.

Best Brazilian Pebbles, in gold frames	£1	1 0 for Ladies.
Ditto, double joints	0	5 0 for Gentlemen.
Ditto, standard silver	0	15 0 for Ladies.
Ditto, double joints	0	16 6 for Gentlemen.
Ditto, best blue steel frame	0	15 0 for Ladies.
Ditto, ditto, double joints	0	16 6 for Gentlemen.
Ditto, tortoiseshell frame	0	10 0 for Ladies.
Ditto, best black buffalo horn	0	7 6 for Ladies.
Ditto, strong steel frame	0	7 6 for Mechanics.

The above are all glazed with the clearest Brazilian Pebbles, composed of pure crystal, which is acknowledged by Oculists to be the most pellucid and perfect substance that can be used for Spectacles.
MARINERS' POCKET COMPASSES, from 3s. 6d. to 2*l.* 10s.
GLAZIERS' PATENT PLOUGH DIAMONDS, 12s. 6d.
Country and Foreign Correspondents may be suited either by sending the glass last used, or part of it, or by stating at what distance they can read common type, specifying also the length of time they have used spectacles.
Letters are requested to be post-paid. A month's trial allowed, within which time customers may exchange their purchases without extra charge.
MANUFACTURER OF IMPROVED BAROMETERS.

Superior eight-inch Wheel	£2 5 0
Ditto, Rosewood, inlaid with Pearl	4 0 0
Portable Pediment Barometer, which may be sent to any part of the Kingdom, without injury, from 2*l.* 5s. to	6 0 0
Most Improved Mountain Barometer	8 10 0
Ditto, Marine, from 3*l.* 10s. to	6 0 0

Achromatic Telescopes, and every description of Drawing and Mathematical Instruments, at the lowest remunerating prices.
No. 37, BROAD-STREET, BLOOMSBURY, in a direct line with Holborn.

EYE-PRESERVING SPECTACLES.

London: Printed by SIDNEY SMITH, Printer, of 10, Wellington-street North, in the Parish of St. Paul, Covent Garden, Westminster, County of Middlesex; and Published by him at the Office, 10, Wellington-street North, Strand.—March 21, 1840.